

File No. 200165

Committee Item No. 9

Board Item No. 3

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date March 25, 2020

Board of Supervisors Meeting

Date March 31, 2020

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
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OTHER (Use back side if additional space is needed)

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Completed by: Linda Wong Date March 18, 2020

Completed by: Linda Wong Date March 26, 2020

1 [Contract Amendment - Richmond Area Multi-Services, Inc. - Behavioral Health Services -
2 Children, Adolescents, and Their Families - Not to Exceed \$26,069,776]

3 **Resolution approving Amendment No. 1 to the agreement between Richmond Area**
4 **Multi-Services, Inc. and the Department of Public Health for behavioral health services**
5 **for children, adolescents, and their families, to increase the agreement amount by**
6 **\$16,390,571 for an amount not to exceed \$26,069,776; and to extend the term by three**
7 **years, for a total agreement term of July 1, 2018, through June 30, 2023.**

8
9 WHEREAS, The Department of Public Health selected Richmond Area Multi-Services,
10 Inc. to provide behavioral health services as a result of three competitive solicitations
11 conducted in 2016 and 2017 for the period of July 1, 2018, through June 30, 2020, for a total
12 contract amount not to exceed \$9,679,205; and

13 WHEREAS, Under this contract, Richmond Area Multi-Service, Inc. provides behavioral
14 health crisis intervention, counseling, case management, outreach, and child-care
15 consultation services, as well as on-site school-based wellness programs for children,
16 adolescents, and their families, with special focus on students with severe emotional
17 disturbance, the Asian and Pacific Islander American, Russian-speaking and Filipino
18 communities, including Lesbian/Gay/Bisexual/Transgender/Queer/Intersex And Questioning
19 children, adolescents, and their families; now, therefore, be it

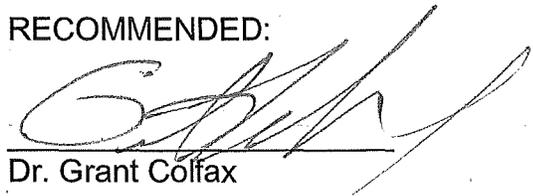
20 RESOLVED, That the Board of Supervisors hereby authorizes the Director of
21 Public Health and the Director of the Office of Contract Administration/Purchaser, on
22 behalf of the City and County of San Francisco, to amend the agreement with Richmond
23 Area Multi-Services, Inc. to increase the agreement amount by \$16,390,571 for an
24 amount not to exceed \$26,069,776; and to extend the term by three years, from June
25 30, 2020, for a total agreement term of July 1, 2018, through June 30, 2023; and, be it

1 amount not to exceed \$26,069,776; and to extend the term by three years, from June
2 30, 2020, for a total agreement term of July 1, 2018, through June 30, 2023; and, be it

3 FURTHER RESOLVED, That the Board of Supervisors authorizes the
4 Department of Public Health to enter into any amendments or modifications to the
5 contract, prior to its final execution by all parties, that the Department determines, in
6 consultation with the City Attorney, are in the best interest of the City, do not otherwise
7 materially increase the obligations or liabilities of the City, are necessary or advisable to
8 effectuate the purposes of the contract, and are in compliance with all applicable laws;
9 and, be it

10 FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed
11 by all parties, the Director of Health and/or the Director of the Office of Contract
12 Administration/Purchaser shall provide the final contracts to the Clerk of the Board for
13 inclusion into the official File No. 200165.

14
15 RECOMMENDED:

16 

17 Dr. Grant Colfax

18 Director of Health

Items 8 and 9 Files 20-0164 and 20-0165	Department: Department of Public Health (DPH)
EXECUTIVE SUMMARY	
<p style="text-align: center;">Legislative Objectives</p> <ul style="list-style-type: none"> • File 20-0164: The proposed resolution would (1) approve the first amendment to the agreement between Richmond Area Multi-Services, Inc. (RAMS) and the Department of Public Health for behavioral health services for adults, older adults, and Transitional Age Youth to increase the agreement amount by \$13,885,229, from \$9,995,228 to an amount not to exceed \$23,880,457; and (2) extend the term by three years, for a total agreement term of July 1, 2018, through June 30, 2023. • File 20-0165: The proposed resolution would (1) approve the first amendment to the agreement between RAMS and the Department of Public Health for behavioral health services for children, youth, and families to increase the agreement amount by \$16,390,571, from \$9,679,205 to an amount not to exceed \$26,069,776; and (2) extend the term by three years, for a total agreement term of July 1, 2018, through June 30, 2023. <p style="text-align: center;">Key Points</p> <ul style="list-style-type: none"> • In 2018, DPH awarded a new contract to RAMS to provide behavioral health outpatient services for adults, older adults and Transitional Age Youth for the period of July 1, 2018 through June 30, 2020 for a total contract amount not to exceed \$9,995,228. In 2018, DPH awarded a contract to RAMS to provide behavioral health services for children, youth and families for the period of July 1, 2018 through June 30, 2020 for a total contract amount not to exceed \$9,679,205. <p style="text-align: center;">Fiscal Impact</p> <ul style="list-style-type: none"> • The proposed resolution (File 20-0164) would increase the not-to-exceed amount of the contract for adults, older adults and TAY by \$13,885,229, for a total not to exceed \$23,880,457. The proposed resolution (File 20-0165) would increase the not-to-exceed amount of the contract for children, youth and families by \$16,390,571, for a total not to exceed \$26,069,776. There are no changes in the scope of work or level of services for the proposed contract amendments. • DPH included proposed ongoing funding for two programs (outpatient peer counseling services and employment development program) for adults and older adults in FY 2021-22 and FY 2022-23 that are subject to new solicitations to continue after June 30, 2021. This includes the solicitation for vocational rehabilitation employment and training services (RFQ 11-2015) and peer to peer employment and peer specialist mental health certificate (RFP 18-2014). The total reduction for both programs would be \$412,633. <p style="text-align: center;">Recommendations</p> <ul style="list-style-type: none"> • Amend the resolution in File 20-0164 to reduce the proposed not to exceed amount by \$412,633 from \$23,880,457 to \$23,467,824 and reduce the proposed increase of \$13,885,229 to \$13,472,596. • Approve the resolution in File 20-0164, as amended. • Approve File 20-0165. 	

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

Adults, Older Adults, and Transitional Age Youth (TAY) Contract (File 20-0164)

The Department of Public Health (DPH) selected Richmond Area Multi-Services, Inc. (RAMS) to provide behavioral health services for adults, older adults, and Transitional Age Youth (TAY) as a result of five competitive solicitations conducted between 2013 to 2017. The Board of Supervisors had previously approved in December 2015 extending an existing contact with RAMS for these services through December 2017 (File 15-1048); the extension was to allow the Department of Public Health sufficient time to plan services to meet the requirements of the Affordable Care Act and the California Department of Healthcare Services Medi-Cal waiver pilot.

In 2018, DPH awarded a new contract to RAMS to provide behavioral health outpatient services, peer counseling, employment readiness, outreach and engagement, and residential services for adults, older adults and Transitional Age Youth, focusing on Asian and Pacific Islander (including Chinese, Filipino, Samoan, Cambodian, Laotian, and Vietnamese adults) and Russian-speaking communities for the period of July 1, 2018 through June 30, 2020 for a total contract amount not to exceed \$9,995,228. Because the contract was less than \$10 million and less than 10 years, the contract did not require Board of Supervisors' approval.

The scores for the Request for Proposals/Qualifications are shown in Table 1 below. As shown below, RAMS scored the highest on all the competitive solicitations except for one, RFP 8-2017, Mental Health Outpatient Programs for Adult/Older Adult System of Care, where it scored second highest. According to the Department of Public Health, multiple contractors were selected for City funding from that solicitation, including the top scoring entity and RAMS.

Table 1: Proposals and Scores for Request for Proposals/Qualifications

Proposer	Service Category	Score (Total out of 100)
<i>RFQ 11-2015 Vocational Rehabilitation Employment and Training Services</i>		
RAMS	Employment Readiness	94.50
Young Community Developers, Inc.	Employment Readiness	88.50
Special Services for Groups	Employment Readiness	80.75
Caminar	Employment Readiness	Not qualified
NAMI San Francisco	Employment Readiness	Not qualified
RAMS	Peer to Peer Vocational Services	94.67
Caminar	Peer to Peer Vocational Services	87.75
RAMS	Clerical and Mailroom Services	94.50
RAMS	Janitorial Services	101.42
RAMS	Information Technology Services	94.59

Proposer	Service Category	Score (Total out of 100)
RAMS	TAY Vocational Services	97.00
Special Services for Groups	TAY Vocational Services	94.84
<i>RFP 8-2017 Mental Health Outpatient Programs for Adult/Older Adult System of Care</i>		
San Francisco AIDS Foundation	Mental Health Outpatient Programs	95.57
RAMS	Mental Health Outpatient Programs	95.36
UCSF Alliance Health Project	Mental Health Outpatient Programs	92.95
Instituto Familiar de la Raza	Mental Health Outpatient Programs	92.73
Swords to Plowshares	Mental Health Outpatient Programs	92.39
Hyde Street Community Services	Mental Health Outpatient Programs	90.45
Episcopal Community Services of San Francisco	Mental Health Outpatient Programs	88.09
St. James Infirmary	Mental Health Outpatient Programs	86.70
Bayview Hunters Point Foundation	Mental Health Outpatient Programs	85.27
Jewish Family and Children's Services	Mental Health Outpatient Programs	84.27
Community Awareness & Treatment Services, Inc.	Mental Health Outpatient Programs	83.09
HealthRIGHT 360	Mental Health Outpatient Programs	79.55
Westside Community Services, Inc.	Mental Health Outpatient Programs	73.98
BAART Community Healthcare	Mental Health Outpatient Programs	70.00
<i>RFQ 30-2013 MHSA Culturally Relevant Mental Health Promotion and Early Intervention Services for Filipino, Samoan and Southeast Asian Communities¹</i>		
RAMS	MHSA Asian Pacific Islanders Mental Health Collaborative	93.20
<i>RFQ 20-2019 MHSA Culturally Relevant Mental Health Promotion and Early Intervention (PEI) Services for Filipino, Samoan and Southeast Asian Communities</i>		
RAMS	MHSA Asian Pacific Islanders Mental Health Collaborative	80.17
<i>RFP 18-2014 Peer to Peer Employment and Peer Specialist Mental Health Certificate</i>		
RAMS	Peer to Peer Employment Program	76.50
SF Study Center	Peer to Peer Employment Program	31.67
RAMS	Peer Specialist Mental Health Certificate Program	91.83

Source: Department of Public Health

Children, Youth and Families Contract (File 20-0165)

The Department of Public Health (DPH) selected Richmond Area Multi-Services, Inc. (RAMS) to provide behavioral health services for children, youth and families as a result of four competitive solicitations conducted between 2016 to 2018. As noted above, the Board of Supervisors had previously approved in December 2015 extending an existing contact with RAMS for these services through December 2017 (File 15-1048); the extension was to allow the Department of

¹ This was for services delivered in FY 2018-19 and the first half of FY 2019-20

Public Health sufficient time to plan services to meet the requirements of the Affordable Care Act and the California Department of Healthcare Services Medi-Cal waiver pilot.

In 2018, DPH awarded a contract to RAMS to provide behavioral health crisis intervention, counseling, case management, outreach, and childcare consultation services, as well as on-site school-based wellness programs for children, youth and their families, with special focus on students with severe emotional disturbance, the Asian Pacific Islander (API) American, Filipino and Russian-speaking communities, including LGBTQIQ children, youth and their families. The contract was approved for the period of July 1, 2018 through June 30, 2020 for a total contract amount not to exceed \$9,679,205. The scores for the Request for Proposals/Qualifications are shown in Table 2 below.

Table 2: Proposals and Scores for Request for Proposals/Qualifications

Proposer	Service Category	Score
<i>RFQ 17-2016 Mental Health Services Act School-based Programs²</i>		
Edgewood Center for Children and Families	MHSA School Based Programs	96.83
Instituto Familiar de la Raza	MHSA School Based Programs	95.83
YMCA Urban Services	MHSA School Based Programs	95.00
RAMS	MHSA School Based Programs	94.00
Bayview Hunters Point Foundation	MHSA School Based Programs	90.67
Seneca Family of Agencies	MHSA School Based Programs	88.17
Special Services for Groups	MHSA School Based Programs	79.33
<i>RFP 1-2017 Children, Youth and Family System of Care Mental Health Outpatient Treatment Services & Optional Specialized Mental Health Treatment Services³</i>		
Seneca Family of Agencies	Regular Mental Health Outpatient Treatment Services - ERMHS ⁴ and Optional Specialized Mental Health Outpatient Services	248.50
RAMS	Regular Mental Health Outpatient Treatment Services – ERMHS and Optional Specialized Mental Health Outpatient Services	245.00
Oakes Children Center	Regular Mental Health Outpatient Treatment Services – ERMHS and Optional Specialized Mental Health Outpatient Services	227.00
Special Service Groups	Regular Mental Health Outpatient Treatment Services – ERMHS and Optional Specialized Mental Health Outpatient Services	224.25
Family Service Agency of SF dba Felton Institute	Regular Mental Health Outpatient Treatment Services – ERMHS and Optional Specialized Mental Health Outpatient Services	222.50

² Total score out of 100

³ Total score out of 255 points for Regular Mental Health Outpatient Treatment Services – ERMHS and Optional Specialized Mental Health Outpatient Services

⁴ Educationally Related Mental Health Services

Proposer	Service Category	Score
YMCA Urban Services	Regular Mental Health Outpatient Treatment Services – ERMHS and Optional Specialized Mental Health Outpatient Services	209.75
Dignity Health St. Mary's Medical Center	Regular Mental Health Outpatient Treatment Services – ERMHS and Optional Specialized Mental Health Outpatient Services	139.75
<i>RFQ 13-2017 Mental Health Treatment Support and Training Services⁵</i>		
Seneca Family of Agencies	Juvenile Justice Center AIIM Higher Intensive Outpatient Treatment Services for Probation Youth	99.40
RAMS	Juvenile Justice Center AIIM Higher Intensive Outpatient Treatment Services for Probation Youth	94.80
Unity Care	Juvenile Justice Center AIIM Higher Intensive Outpatient Treatment Services for Probation Youth	62.80
RAMS	Wellness Initiative for SFUSD High Schools – Behavioral Health Services	96.00
Bay Area Community Resources	Wellness Initiative for SFUSD High Schools – Behavioral Health Services	80.80
Unity Care	Wellness Initiative for SFUSD High Schools – Behavioral Health Services	60.80
<i>RFQ 16-2018 Early Childhood Mental Health Consultation Initiative</i>		
Homeless Children's Network	Main Early Childhood Mental Health Consultation Initiative ⁶	99.17
Instituto Familiar de la Raza	Main Early Childhood Mental Health Consultation Initiative	96.17
RAMS	Main Early Childhood Mental Health Consultation Initiative	92.17
UCSF Infant Parent Program	Main Early Childhood Mental Health Consultation Initiative	91.00
Edgewood Center for Children and Families	Main Early Childhood Mental Health Consultation Initiative	87.83
Instituto Familiar de la Raza	Family Child Care Quality Network Licensed Family Child Care Homes ⁷	108.14
Homeless Children's Network	Family Child Care Quality Network Licensed Family Child Care Homes	103.06
Edgewood Center for Children and Families	Family Child Care Quality Network Licensed Family Child Care Homes	97.86
UCSF Infant Parent Program	Family Child Care Quality Network Licensed Family Child Care Homes	97.20
RAMS	Family Child Care Quality Network Licensed Family Child Care Homes	96.54

⁵ Total score out of 100

⁶ Total score out of 100

⁷ Total score out of 125

Proposer	Service Category	Score
UCSF Infant Parent Program	Family Resource Center Initiative Sites ⁸	46.33
Homeless Children's Network	Family Resource Center Initiative Sites	44.50
Instituto Familiar de la Raza	Family Resource Center Initiative Sites	44.17
Edgewood Center for Children and Families	Family Resource Center Initiative Sites	39.17
RAMS	Family Resource Center Initiative Sites	38.67
Instituto Familiar de la Raza	SFUSD Early Education Schools and Preschool Special Education Services ⁹	118.74
UCSF Infant Parent Program	SFUSD Early Education Schools and Preschool Special Education Services	113.80
Homeless Children's Network	SFUSD Early Education Schools and Preschool Special Education Services	109.26
Edgewood Center for Children and Families	SFUSD Early Education Schools and Preschool Special Education Services	108.94
RAMS	SFUSD Early Education Schools and Preschool Special Education Services	100.40

Source: Department of Public Health

According to Ms. Michelle Ruggels, DPH Business Office Director, the Department of Public Health may issue solicitations that specify that multiple funding awards will be issued within the same category and sub-category of services, and then select multiple contractors to deliver these services. Ms. Ruggels states this practice is most commonly utilized for services delivered by non-profit organizations to ensure that the Department of Public Health is able to meet the cultural, linguistic and service needs of behavioral health clients served throughout San Francisco's diverse neighborhoods. Ms. Ruggels states that in some cases, all responders to an RFP are selected in the categories for which proposals were submitted, and sometimes not all responders are selected. DPH may award multiple top scoring qualified applicants of a specific sub-category depending on the needs of the community and the needs of the project. All responders must meet minimum requirements to be reviewed and scored by a review panel.

DETAILS OF PROPOSED LEGISLATION

File 20-0164: The proposed resolution would (1) approve the first amendment to the agreement between Richmond Area Multi-Services, Inc. (RAMS) and the Department of Public Health for behavioral health services for adults, older adults, and Transitional Age Youth to increase the agreement amount by \$13,885,229, from \$9,995,228 to an amount not to exceed \$23,880,457; and (2) extend the term by three years, for a total agreement term of July 1, 2018, through June 30, 2023.

File 20-0165: The proposed resolution would (1) approve the first amendment to the agreement between RAMS and the Department of Public Health for behavioral health services for children, adolescents, and families to increase the agreement amount by \$16,390,571, from \$9,679,205

⁸ Total score out of 50

⁹ Total score out of 135

to an amount not to exceed \$26,069,776; and (2) extend the term by three years, for a total agreement term of July 1, 2018, through June 30, 2023.

Adults, Older Adults, and Transitional Age Youth (TAY) Contract (File 20-0164)

Table 3 below provides a description of the scope of services in the proposed contract to RAMS to provide behavioral health outpatient services, peer counseling, employment readiness, outreach and engagement, and residential services for adults, older adults and Transitional Age Youth.

Table 3: Scope of Services Description for Proposed RAMS Contract for Adults, Older Adults and TAY

Program	Service Description
Adult Outpatient Services Clinic	Outpatient mental health services for adults and older adults, including frequent emergency services for patients in need of acute institutional care or support to transition to the community. Services include on-going individual integrated behavioral health counseling, case management services, and as needed crisis intervention and collateral meetings. Special focus on serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and those born in the United States.
Outpatient Peer Counseling Services	Peer counseling for Adult Outpatient Services clients, provided by Peer Counselors, clients with lived experience of mental illness and the mental health system.
Employee Development	Hire-Ability vocational services developing client employment readiness, targeting consumers with minimal work exposure who are assessed as benefiting from a structured vocational training program.
Broderick Street Residential	Outpatient mental health services for adults with serious and persistent mental illness, including clients with co-occurring mental health and substance abuse disorders, with or without physical health needs; residential component provides Skilled Nursing Facility (SNF)-level of care
Asian and Pacific Islander Mental Health Collaborative (APIMHC)	Lead agency in collaborative of many agencies focusing the Filipino, Samoan, and Southeast Asian communities with outreach, engagement, screening, assessment, wellness promotion and linkages for all ages and gender groups in the South of Market, Tenderloin, Bayview-Hunters Point, Potrero Hill, and Visitacion Valley neighborhoods. Services include outreach and engagement, screening and assessment, wellness promotion activities, and service linkages. RAMS is the lead agency of the APIMHC collaborative. Six partner organizations represent the Filipino, Samoan, and Southeast Asian (Cambodians, Laotian and Vietnamese) communities.

Children, Youth and Families Contract (File 20-0165)

Table 4 below provides a description of the scope of services in the proposed contract to RAMS to provide behavioral health crisis intervention, counseling, case management, outreach, and childcare consultation services, as well as on-site school-based wellness programs for children, youth and their families.

Table 4: Scope of Services Description for Proposed RAMS Contract for Children, Youth and Families

Program	Service Description
Children’s Outpatient	Outpatient services are provided to youth both in a clinic setting, as well as on-site, school-based mental health services for students with the former designation of “Emotional Disturbance” (ED) in specialized school programming within SFUSD, as well as other special education students that have identified mental health needs. Services also include support to teachers/classroom/school environments to increase student engagement in learning and school connections.
Children Wellness Centers (Mental Health and Substance Abuse)	Integrated behavioral health and case management services are provided at 16 SFUSD high school-based Wellness Centers. Also intensive case management services are provided to court-ordered youth through the SF TRACK program.
High Quality Childcare Initiative – Early Childhood Mental Health Consultation Initiative (ECMHCI) – Fu Yau Project	The Fu Yau Project collaborates with assigned childcare centers, family childcare providers, and family resource centers to provide early intervention to prevent emotional disturbance. Additionally, as the result of clinical observation, and in consultation with childcare providers, families are approached to discuss the outcome of the observation/consultation and are offered services to address the identified needs. Consultation is also provided to child care providers. Services are provided at 60 locations throughout San Francisco.

Ms. Ruggels states that the original contracts were approved to be two years to provide time for the completion of all pending solicitations in order to allow services to be revised, if needed, to reflect new service models resulting from the newer solicitations during the start-up phase. Terms of both contracts are being extended three years to June 30, 2023 to enable the continuation of services.

FISCAL IMPACT

Adults, Older Adults, and Transitional Age Youth (TAY) Contract (File 20-0164)

The proposed resolution would increase the not-to-exceed amount of the contract by \$13,885,229, for a total not to exceed \$23,880,457.¹⁰ According to Ms. Ruggels, there are no

¹⁰ The existing agreement for FY 2018-19 through FY 2019-20 is \$9,995,228, however DPH expects to spend \$7,734,995 over that period. The remainder of \$2,260,233 is budgeted for the following three fiscal years (As noted

changes in the scope of work or level of services for the proposed contract amendment. The increased contract amount is necessary to allow for the continued provision and payment of services, as authorized under the original RFP, and the addition of an annual Cost of Doing Business (CODB) for projected cost escalation, which is subject to appropriation by the Board of Supervisors. The CODB is 3 percent in FY 2019-20 and 2.5 percent in subsequent years. The sources and uses of funds for the proposed contract to RAMS to provide behavioral health services for adults, older adults and Transitional Age Youth are shown in Table 5 below.

Table 5. Sources and Uses of Funds in Proposed RAMS Contract for Adults, Older Adults, and Transitional Age Youth (TAY) (File 20-0164)

Sources	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	Total
Federal Short Doyle Medi-Cal Federal Financial Participation ¹¹	\$693,498	\$1,224,062	\$1,224,062	\$1,224,062	\$1,224,062	\$5,589,746
State 1991 Mental Health Realignment (Adults) ¹²	433,557	765,252	765,252	765,252	765,252	3,494,565
County General Funds (Adults)	412,015	974,669	1,044,521	1,149,894	1,149,894	4,730,993
Adult Medicare (Federal)	57,337	101,202	101,202	101,202	101,202	462,145
Long Term Care (Federal)	611,811	1,079,880	1,079,880	1,079,880	1,079,880	4,931,331
Mental Health Services Act	233,422	412,002	412,002	412,002	412,002	1,881,430
Cost of Doing Business ¹³	55,206	119,852	105,373	108,007	110,707	499,145
<i>Total Sources of Funds</i>	<i>2,496,846</i>	<i>4,676,919</i>	<i>4,732,292</i>	<i>4,840,299</i>	<i>4,842,999</i>	<i>21,589,355</i>
Contingency (12%)	-	561,230	567,875	580,836	581,160	2,291,101
Total	\$2,496,846	\$5,238,149	\$5,300,167	\$5,421,135	\$5,424,159	\$23,880,457
Uses	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	Total
Adult Outpatient Services Clinic	\$1,170,795	\$2,268,179	\$2,283,762	\$2,340,856	\$2,340,856	\$10,404,448
Outpatient Peer Counseling	28,646	50,562	50,562	50,562	50,562	230,894
Employee Development	70,045	126,725	130,389	133,649	133,649	594,457
Broderick Street Residential	967,378	1,750,161	1,800,766	1,845,785	1,845,785	8,209,875
API Mental Health Collaborative	204,776	361,440	361,440	361,440	361,440	1,650,536
General Fund CODB	55,206	119,852	105,373	108,007	110,707	499,145
<i>Total Uses of Funds</i>	<i>2,496,846</i>	<i>4,676,919</i>	<i>4,732,292</i>	<i>4,840,299</i>	<i>4,842,999</i>	<i>21,589,356</i>
Contingency (12%)		561,230	567,875	580,836	581,160	2,291,101
Total	\$2,496,846	\$5,238,149	\$5,300,167	\$5,421,135	\$5,424,159	\$23,880,457

below, the FY 2018-19 budget was reduced by \$1,910,221, from \$4,407,067 to \$2,496,846 because the funding and services were re-allocated to another contract).

¹¹ This is Federal Medi-Cal funding, in which for every dollar billed, DPH is reimbursed 50 cents for eligible clients. In this program, every client is Medi-Cal eligible. To be reimbursed by Federal Medi-Cal, DPH submits a claim representing 100 percent of the cost, of which Federal Medi-Cal will reimburse 50 percent and DPH must provide an equal 50 percent of matching funds.

¹² This is State Realignment funding provided to DPH, and used as a match to draw down the Federal Medi-Cal funding (i.e. the other 50 cents).

¹³ According to Ms. Ruggels, one-time funding was added in the FY 2019-20 budget which was not carried forward into future years.

¹⁴ According to Ms. Ruggels, funding was reduced by \$1,190,221 in FY 2018-19 for the transfer of functions to an interim contract.

Children, Youth and Families Contract (File 20-0165)

The proposed resolution would increase the not-to-exceed amount of the contract by \$16,390,571, for a total not to exceed \$26,069,776.¹⁵ According to Ms. Ruggels, there are no changes in the scope of work or level of services for the proposed contract amendment. The increased contract amount is necessary to allow for the continued provision and payment of services, as authorized under the original RFP, and the addition of an annual Cost of Doing Business (CODB) for projected cost escalation, which is subject to appropriation by the Board of Supervisors in the annual budget. The CODB is 3 percent in FY 2019-20 and 2.5 percent in subsequent years. The sources and uses of funds for the proposed contract to RAMS to provide behavioral health services for children, youth and families are shown in Table 6 below.

Table 6. Sources and Uses of Funds Contract for Children, Youth and Families (File 20-0165)

Sources¹⁶	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	Total
Federal Short Doyle Medi-Cal	\$339,861	\$474,973	\$474,973	\$474,973	\$474,973	\$2,239,753
Federal Financial Participation						
State Realignment and Mental Health Services Act (MHSA)	740,773	1,071,591	1,071,591	1,071,591	1,071,591	5,027,137
County (General Fund)	372,759	661,992	703,217	745,472	788,784	3,272,224
County Work Order Funds to DPH	1,828,059	2,750,267	2,792,874	2,836,546	2,881,310	13,089,056
<i>Total Sources of Funds</i>	<i>\$3,281,452</i>	<i>\$4,958,823</i>	<i>\$5,042,655</i>	<i>\$5,128,582</i>	<i>\$5,216,658</i>	<i>\$23,628,170</i>
Contingency (12%)	-	595,059	605,119	615,430	625,999	2,441,606
Total	\$3,281,451	\$5,553,882	\$5,647,774	\$5,744,012	\$5,842,658	\$26,069,776
USES						
Children's Outpatient	\$869,662	\$1,293,486	\$1,334,683	1,371,449	1,409,135	6,278,415
Children Wellness Centers	1,548,208	2,314,557	2,364,345	2,407,078	2,450,883	11,085,071
High Quality Childcare Initiative	863,581	1,254,748	1,259,795	1,264,127	1,268,565	5,910,816
CODB	-	96,032	83,832	85,928	88,076	353,868
<i>Total Uses of Funds</i>	<i>\$3,281,451</i>	<i>\$4,958,823</i>	<i>\$5,042,655</i>	<i>\$5,128,582</i>	<i>\$5,216,659</i>	<i>\$23,628,170</i>
Contingency (12%)		595,059	605,119	615,430	625,999	2,441,606
Total¹⁷	\$3,281,451	\$5,553,882	\$5,647,774	\$5,744,012	\$5,842,658	\$26,069,776

¹⁵ The existing agreement for FY 2018-19 through FY 2019-20 is \$9,679,205 however DPH expects to spend \$8,835,333 over that period. The remainder of \$843,873 is budgeted for the following three fiscal years.

¹⁶ Ms. Ruggels states that while the RAMS-CYF contract received a CODB allocation of 2.5 percent in FY 2018-19 in the amount of \$66,580, (\$33,494 in General Fund CODB and \$33,086 in Work Order CODB), this amount is not reflected in the subject table in the CODB line-item. Instead, these funds have been allocated so the budget presented for each program in FY 2018-19 incorporates the FY 2018-19 CODB allocation.

¹⁷ According to Ms. Ruggels, there was a reduction of funding in FY 2018-19 in the amount of \$1,613,513 from the full NTE Amount request. That is because that amount, while part of the full funding expended for the fiscal year, was paid for via an interim contract and therefore was not included in the proposed contract amount. DPH experienced a transition phase in FY 2017-18, during which time existing Behavioral Health Services (BHS) were subject to multiple solicitations to continue contracted services. To prevent a gap between the expiration of the existing contract and its ongoing services, and the continuation of these services under a new contract, many vendors received an interim contract for the period of January 1, 2018 – 12/31/18. At the same time, new and ongoing contracts were effective July 1, 2018, thereby replacing the interim contract. If the existing vendor was awarded the services via the applicable solicitation, then this vendor would have had both an interim contract and a new contract with a six month overlap period between 7/1/18 and 12/31/18 of the FY 2018-19 term. In some instances, including for the subject contract, the vendor was paid during this period utilizing the authority of the interim contract, and not the subject contract. As such, the value paid for via the interim contract for the first six

Expiration of Solicitation Authorization

DPH included proposed ongoing funding for two programs for adults and older adults in FY 2021-22 and FY 2022-23 that are subject to new solicitations to continue after June 30, 2021. This includes the solicitation for vocational rehabilitation employment and training services (RFQ 11-2015) and peer to peer employment and peer specialist mental health certificate (RFP 18-2014). Consequently, the Budget and Legislative Analyst Office recommends removing the funding for the two-year period following the expiration of the solicitation authorization period for the following services:

- 1) Outpatient Peer Counseling Services: \$50,562 in FY 2021-22 and FY 2022-23 for a total of \$101,124
- 2) Employment Development Program: \$133,649 in FY 2021-22 and FY 2022-23 for a total of \$267,298

The total reduction for both programs would be \$412,633, which includes a reduction of \$44,211 to adjust the proposed contract contingency amount (\$2,291,101 to \$2,246,890). Consequently, the Budget and Legislative Analyst Office recommends amending File 20-0164 to reduce the proposed not to exceed amount from \$23,880,457 to \$23,467,824, a reduction of \$412,633, to ensure that programmatic funding does not extend beyond the period authorized by the enabling solicitations. This amendment will also reduce the proposed increase of \$13,885,229 between the current contract and the proposed contract to an increase of \$13,472,596.

RECOMMENDATIONS

1. Amend the resolution in File 20-0164 to reduce the proposed not to exceed amount by \$412,633 from \$23,880,457 to \$23,467,824 and reduce the proposed increase of \$13,885,229 to \$13,472,596.
2. Approve the resolution in File 20-0164, as amended.
3. Approve File 20-0165.

months of FY 2018-19 has been removed from the proposed Not to Exceed Amount of the proposed contract amendment.

**City and County of San Francisco
Office of Contract Administration
Purchasing Division**

Amendment One

THIS AMENDMENT (this "Amendment") is made as of **February 1, 2020** in San Francisco, California, by and between **Richmond Area Multi Services, Inc.** ("Contractor") and the **City and County of San Francisco**, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to increase the contract amount and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal/ Qualifications ("RFP"/RFQ) RFQ 17-2016 issued on 7/20/16, RFP 1-2017 issued on 3/24/17 and RFP 13-2017 issued on 9/28//17 in which City selected Contractor as the highest qualified scorer pursuant to the RFP/RFQ; and as per Administrative Code Section 21.42 through Sole Source granted on June 7, 2019; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 46987-16/17 and 44670-16/17 on June 19, 2017;

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number _____ on _____.

NOW, THEREFORE, Contractor and the City agree as follows:

ARTICLE 1 DEFINITIONS

The following definitions shall apply to this Amendment:

1.1 Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2018, Contract Numbers 1000010839 between Contractor and City and this Amendment One.

1.2. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

ARTICLE 2 MODIFICATIONS TO THE AGREEMENT

The Agreement is hereby modified as follows:

2.1 Term of the Agreement, Section 2.1 of the Agreement currently reads as follows:

2.1 **The term of this Agreement** shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2020, unless earlier terminated as otherwise provided herein.

Such section is hereby amended in its entirety to read as follows:

2.1 **The term of this Agreement** shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expires on June 30, 2023, unless earlier terminated as otherwise provided herein.

2.2 **Payment . Section 3.3.1 of the Agreement currently reads as follows:**

3.3.1 Payment Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Six Hundred Seventy Nine Thousand Two Hundred Five Dollars (\$9,679,205)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

3.3.1 Payment Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Six Million Sixty Nine Thousand Seven Hundred Seventy Six Dollars (\$26,069,776)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Audit and Inspection of Records . Section 3.4 of the Agreement currently reads as follows:**

3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

Such section is hereby amended in its entirety to read as follows:

3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this

Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing, after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

2.4 Assignment, Section 4.5 of the Agreement currently reads as follows:

4.5 Assignment

The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

Such section is hereby amended in its entirety to read as follows:

4.5 Assignment

The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.5 Insurance, Section 5.1 of the Agreement currently reads as follows:

5.1 Insurance

5.1.1 Required Coverages. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

(b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

(c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(d) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

(a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

5.1.4 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.6 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy 5.1.8 The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.9 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

Such section is hereby amended in its entirety to read as follows:

5.1 Insurance.

5.1.1. **Required Coverages.** Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

(b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.

(c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.

(f) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$1,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

5.1.3 Contractor's Commercial General Liability and Commercial Automobile Liability Insurance policies shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

5.1.4 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

"Contractor shall provide thirty (30) days' advance written notice to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City address set forth in Section 11.1 entitled "Notices to the Parties."

5.1.5 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

5.1.6 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.7 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

5.1.8 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

5.1.9 The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.10 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

2.6 **Withholding, Section 7.3 is added to the agreements and reads as follows:**

7.3 Withholding

Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.7 **Termination and Default, Section 8.2 of the agreement currently reads as follows:**

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:

(a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Reserved. Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information

13.4	Protected Health Information
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(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

Such section is hereby amended in its entirety to read as follows:

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:

(a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
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4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	Article 13	Data and Security

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

2.8 Rights and Duties Upon Termination or Expiration, Section 8.4 of the agreement currently reads as follows:

8.4 Rights and Duties Upon Termination or Expiration

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

Such section is hereby amended in its entirety to read as follows:

8.4 Rights and Duties upon Termination or Expiration.

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement

6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	Article 13	Data and Security
		Appendix E	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

2.9 Consideration of Salary History. *Section 10.4 is added to the agreements and reads as follows:*

10.4 Consideration of Salary History. Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

2.10 Minimum Compensation Ordinance, *Section 10.7 of the Agreement currently reads as follows:*

10.7 Minimum Compensation Ordinance.

Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

Such section is hereby amended in its entirety to read as follows:

10.7 Minimum Compensation Ordinance.

If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

2.11 Health Care Accountability Ordinance, Section 10.8 of the Agreement currently reads as follows:

10.8 Health Care Accountability Ordinance.

Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

Such section is hereby amended in its entirety to read as follows:

10.8 Health Care Accountability Ordinance.

If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission's minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

2.12 Limitations on Contributions, Section 10.11 of the Agreement currently reads as follows:

10.11 Limitations on Contributions.

By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

Such section is hereby amended in its entirety to read as follows:

10.11 Limitations on Contributions

By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material,

supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.13 Article 10, Additional Requirements Incorporated by Reference, Section 10.17 of the Agreement currently reads as follows:

10.17 Reserved. (Sugar-Sweetened Beverage Prohibition).

Such section is hereby amended in its entirety to read as follows:

10.17 Distribution of Beverages and Water.

10.17.1 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.14 Order of Precedence, Section 11.13 of the Agreement currently reads as follows:

11.13 Order of Precedence.

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, any RFPs, and any Contractor's proposals. RFPs and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

Such section is hereby amended in its entirety to read as follows:

11.13 Order of Precedence.

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement and implementing task orders. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or

conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the Contractor's printed terms.

2.15 Notification of Legal Requests, Section 11.14 is added to the Agreement and reads as follows:

11.14 Notification of Legal Requests.

Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

2.16 Management of City Data and Confidential Information, Section 13.5 is added to the Agreement and reads as follows:

13.5 Management of City Data and Confidential Information

13.5.1 Access to City Data.

City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

13.5.2 Use of City Data and Confidential Information.

Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data or Confidential Information solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data or Confidential Information by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.5.3 Disposition of Confidential Information.

Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Contractor has used in

performance of this Agreement, work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge.

2.17 Appendices A-1 through A-4 dated 07/01/19 (i.e. July 1, 2019) are hereby added for 2019-20.

2.18 Appendices B and B-1 through B-4 dated 07/01/19 (i.e. July 1, 2019) are hereby added for 2019-20.

2.19 Appendix E with original contract dated July 1, 2018 is deleted and Appendix E dated 4/20/18 is hereby added, substituted and incorporated by reference.

ARTICLE 3 EFFECTIVE DATE

Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the effective date of the agreement.

ARTICLE 4 LEGAL EFFECT

Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

Recommended by:

Grant Colfax
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

By: _____

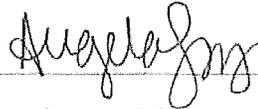
Deputy City Attorney

Approved:

Alaric Degrafinried
Director of the Office of Contract Administration, and
Purchaser

CONTRACTOR

Richmond Area Multi-Services, Inc.



Angela Tang, LCSW
Director of Operations and Interim Chief
Executive Officer
RAMS, Inc.
4355 Geary Boulevard
San Francisco, CA 94118

Supplier ID: 0000012195

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19 – 06/30/20

1. Identifiers:

Program Name: Children Outpatient and Children Managed Care
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code: 3894-7, 3894MC

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To implement a culturally competent, efficient and effective coordinated care model of service, where clients are actively involved and where they learn to build on strengths, alleviate/manage symptoms and develop/make choices that assist them to the maximum extent possible to lead satisfying and productive lives in the least restrictive environments.

4. Target Population

youth between the ages of 2-21 who are beneficiaries of public health insurance (e.g. Medi-Cal), and their siblings and parents who are in need of psychiatric prevention and/or intervention services. There is a special focus on serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and U.S.-born – a group that is traditionally underserved. There is targeted outreach and services to the Filipino community. Included are services to LGBTQIQ youth and families.

Additionally, the RAMS CYF Outpatient Services serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. EPSDT is a required benefit for all "categorically needy" children (e.g. poverty-level income, receiving SSI, or receive federal foster care or adoption assistance). All San Franciscans under the age 21 who are eligible to receive the full scope of

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Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Intensive Case Management, are eligible for EPSDT services. RAMS CYF Outpatient Services also include Educationally Related Mental Health Services (ERMHS) to clients referred from SFUSD; in doing so, the agency provides ERMHS services at the outpatient clinic as well as on-site services for ERMHS students at Bessie Carmichael Elementary and Middle Schools, Longfellow Elementary School, Independence High School and SOTA/Academy.

5. Modality(ies)/Interventions

Units of Service (UOS) Description	Program Code: 38947		Program Code: 3894MC	
	Units of Service (UOS) minutes	Unduplicated Clients (UDC)	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
Case Management	2,815	Included	1,071	Included
Mental Health Services	203,752	160	24,294	15
Medication Support	6,678	Included	5	Included
Crisis Intervention	31	Included	120	Included
Mental Health Promotion	415	Included	n/a	n/a
Total UOS Delivered	213,690		9,127	
Total UDC Served		160		15

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to outpatient services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families with each year serving well about 18,000 adults, children, youth & families at about 90 sites, citywide. The CYF Outpatient Program conducts these strategies on an ongoing basis, in the most natural environments as possible, and at sites where targeted children & youth spend a majority of time, through RAMS established school-based and community partnerships – San Francisco Unified School District (SFUSD) high, middle, and elementary schools, after-school programs, over 60 childcare sites, and Asian Pacific Islander Family Resource Network. Outreach activities are facilitated by staff, primarily the Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage &

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family therapists, etc.), and Psychiatrists. Engagement and retention is achieved with an experienced, culturally and linguistically competent multidisciplinary team.

In addition, RAMS retains bilingual and bicultural Filipino staff who are stationed at Bessie Carmichael School (elementary and middle), Galing Bata program, Longfellow Elementary School, Filipino Community Center, every week to engage clients and outreach to the Filipino families and community. RAMS staff are also active with the Filipino Mental Health Initiative-SF in connecting with community members and advocating for mental health services.

B. Admission, enrollment and/or intake criteria and process where applicable.

RAMS accommodates referrals from the BHS Behavioral Health Access Center, as well as drop-ins. As RAMS provides services in over 30 languages and, in order to support timely access the agency deploys mechanisms to effectively make accessible the many dialects fluent amongst staff in a timely manner. The Outpatient Clinic maintains a multi-lingual Intake/Referral & Resource Schedule, which is a weekly calendar with designated time slots of clinical staff (and language capacities) who can consult with the community (clients, family members, other providers) and conduct intake assessments (with linguistic match) of initial request. The clinical intake/initial risk assessments are aimed to determine medical necessity for mental health services and assess the level of functioning & needs, strengths & existing resources, suitability of program services, co-occurring issues/dual diagnosis, medication support needs, vocational readiness/interest (and/or engagement in volunteer activities, school), primary care connection, and other services (e.g. residential, SSI assessment). There is a designated Intake Coordinator for scheduling assessments and processing & maintaining the documentation, thus supporting streamlined coordination; staff (including Program Director) work closely with the referring party. Following the intake, engagement and follow-up is made with the client. RAMS has been acknowledged as a model for its intake practices (“advanced access”) and managing the demand for services, which is a consistent challenge for other clinics.

Referrals for Filipino children, youth and/or families may be done directly to the RAMS staff on-site (community sites mentioned above) or at RAMS, for mental health outreach, consultation, assessment, engagement and treatment.

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

To further support accessibility of services, the Outpatient Clinic Program throughout the years has maintained hours of operation that extend past 5:00 p.m., beyond “normal” business hours. The Program hours are: Monday (9:00 a.m. to 7:00 p.m.); Tuesday to Thursday (9:00 a.m. to 8:00 p.m.); Friday (9:00 a.m. to 5:00 p.m.).

The RAMS CYF OPS program design includes behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, family collateral counseling; targeted case management services; crisis intervention; substance abuse

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and risk assessment (e.g. CANS), psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information, outreach & referral services; and collaboration/consultation with substance abuse, primary care, and school officials, and participation in SST, IEP and other school-related meetings. Psycho-educational activities have included topics such as holistic & complementary treatment practices, substance use/abuse, and trauma/community violence. Services are primarily provided on-site at the outpatient clinic, and/or in least restrictive environment in the field including, but is not limited to: school, another community center, and/or home (if needed). The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs. It is also reviewed by the clinical authorization committee and in consultation with SFDPH BHS.

RAMS Filipino services staff provides outreach, linkage, consultation, and psychoeducation to the community members and providers, as well as assessment, individual/family counseling to identified children, youth and their families in the community programs or at RAMS Outpatient Clinic.

The Behavioral Health Clinicians/Counselors provide clients with on-going individual and group integrated behavioral health counseling, case management services and collateral meetings involving families and schools. Having individual counseling and case management services provided by the same care provider streamlines and enhances care coordination. RAMS incorporates various culturally relevant evidence-based treatments & best practices models: Developmental Assets; Behavioral Modification; Cognitive Behavioral Therapy, including modification for Chinese population; Multisystemic Therapy; Solution-Focused Brief Therapy; Problem Solving Therapy; advanced levels of Motivational Interviewing, Stages of Change, Seeking Safety, and Second Step Student Success Through Prevention, etc. RAMS providers are also trained in Addiction Studies, Sandtray Therapy, and Working with Trauma (trauma-informed care whereby staff are trained and supervised to be mindful of children, youth and/or their families who may have experienced trauma); the program provides continuous assessment and treatment with potential trauma experience in mind, as to meet clients' needs. During treatment planning, the counselor and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. Informed by assessment tools (e.g. CANS), a plan of care with goals is formally developed (within the first two months) and updated every six months. This is a collaborative process (between counselor, client, and caregivers) in setting treatment goals and identifying strategies that are attainable & measurable. RAMS also compares the initial assessment with reassessments (e.g. CANS) to help gauge the efficacy of interventions as well the clients' progress and developing needs. As needed, other support services are provided by other staff, in collaboration with the Counselor. RAMS conducts linkages for client support services (e.g. childcare, transportation) to other community agencies and government offices. Doctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation.

Medication management including culturally competent psychiatric evaluation & assessment and on-going monitoring of prescribed medications (e.g. individual meetings, medication management groups) is provided by a licensed child & adolescent psychiatrist. The Outpatient Program psychiatry staff capacity & coverage offers medication evaluation & assessments during program hours of operation, in order to increase accessibility.

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D. Describe your program's exit criteria and process, e.g. successful completion

The program's short term outcomes include: engagement of at risk and underserved children, youth and families into behavioral health services; identification of strengths and difficulties; engagement of consumers in a comprehensive treatment plan of care; symptom reduction, asset development; education on impact of behavioral health; health and substance abuse issue on child and family; coordination of care and linkage to services. Long term outcomes include: marked reduction of psychiatric and substance abuse symptoms preventing the need for a higher more intensive level of care; improvement of functioning as evidenced by increased school success, increased family/home stability and support; and maximized Asset Building as evidenced by successful transfer to community and natural supports.

The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH BHS. Because of limited mental health resources, coupled with the need to promptly serve many newly referred acute clients, the program consistently applies utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensating, medication compliance, progress and status of Care Plan objectives, and the client's overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged from Behavioral/Mental Health/Case Management Brokerage level of services into medication-only or be referred to Private Provider Network/Primary Care Physician or for other supports within the community (e.g. family resource centers, community organizations to provide ongoing case management and/or family involvement activities), and/or schools.

E. Program staffing

See BHS Appendix B CRDC page.

Furthermore, direct services are also provided by 16 doctoral interns and practicum trainees. Consistent with the aim to develop and train the next generation of culturally competent clinicians, the Outpatient Clinic also houses a prestigious training center, accredited by the American Psychological Association, which offers an extensive training curriculum. These students are unpaid interns with three paid slots for doctoral interns who are just one year from graduation. The interns are supervised by licensed clinical supervisors, and many graduates from RAMS' training program become community and academic leaders in the mental & behavioral health field, known both nationally and internationally, further disseminating culturally competent theories and practice.

For the Filipino outreach, engagement and counseling services, RAMS has a full-time bilingual and bicultural Mental Health Counselor, who is an Associate Marriage and Family Therapist (AMFT) and is experienced with working with children, youth and their families and especially with the Filipino community.

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F. For Indirect Services: Describe how your program will deliver the purchased services.

RAMS CYF provides indirect services/activities for those who are not yet clients through various modalities including psychoeducation, assessments, and outreach to enhance knowledge of mental health issues. Services are provided on-site as well as in the community. Furthermore, there is targeted outreach to the Filipino community.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 19-20.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about Plan of Care timelines. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements. Furthermore, RAMS maintains ongoing communication with the Filipino services staff and the Filipino community and organizations to solicit feedback to improve our services.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality, including tracking reports provided by Avatar to ensure documentation timeliness. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee (e.g. PURQC) which is comprised of the Quality Improvement Supervisor (licensed clinical social worker), Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Coordinator and Clinical Supervisor (licensed marriage & family therapy and direct service practitioner), and other licensed staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct

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clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; staff may meet from weekly to monthly intervals with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc.

In addition to the program's documentation review, the RAMS Quality Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). The Council is also involved in the PURQC Level 2 reviews, which are conducted on a quarterly basis. Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly grand rounds, and monthly case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision (mostly weekly; some are monthly); supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review).
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.

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- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Consumer Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the program maintains a Youth Council, which meets monthly, and provides feedback on program services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestion boxes in the two client wait areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback. Improvement and/or adjustment to service

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19-6/30/20

delivery will be done, as appropriate, after director and staff reviewing feedback from survey and Youth Council.

E. Timely completion and use of outcome data, including CANS

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Required Language:

Not Applicable.



Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SED	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

1. Identifiers:

Program Name: Children Outpatient SED
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code: 3894-SD

Denman Middle School
 241 Oneida Ave
 San Francisco, CA 94112
 (415) 469-4535

Galileo High School
 1150 Francisco, Street
 San Francisco, CA 94109
 (415) 771-3150

George Washington High School
 600 - 32nd Avenue
 San Francisco, CA 94121
 (415) 387-0550

Herbert Hoover Middle School
 2290-14th Avenue
 San Francisco, CA, 94116
 (415) 759-2783

Mission High School
 3750-18th Street
 San Francisco, CA 94114
 (415) 241-6240

Presidio Middle School
 450 30th Avenue
 San Francisco, CA 94121
 (415) 750-8435

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To provide on-site, school-based mental health services for students with the former designation of "Emotional Disturbance" (ED) and currently placed in SOAR (Success, Opportunity, Achievement and Resiliency) Academy, and other special education students that have identified mental health needs (i.e., ERMHS status), and support to teachers/classroom/school environments to increase student engagement in learning and school connection.

Contractor Name: Richmond Area Multi-Services, inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

4. Target Population

The San Francisco Unified School District (SFUSD), serving the following schools: Denman, Herbert Hoover, and Presidio Middle Schools as well as George Washington, Mission, and Galileo High Schools for Emotionally Disturbed (ED) youth and their families and support to the school personnel who work with them.

Other target populations may also include students (with ERMHS status) involved in SOAR class or other Learning Disabled (LD) programs experiencing mental health difficulties that are impacting their ability to learn, who could potentially be qualified as “ED.”

5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
Case Management	981	Included
Mental Health Services	78,745	120
Medication Support	593	Included
Crisis Intervention	40	Included
Mental Health Promotion	824	Included
Administrative Work	1,073	Included
Total UOS Delivered	82,256	
Total UDC Served		120

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

School-Based Mental Health Partnership (SBMHP) Manager/Coordinator and Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage & family therapists, counselors, etc.) meet with school personnel (principal or designee, special education director, and special education teachers) in the beginning and end of each school year, as needed, and ongoing for outreach to and recruitment of children/youth who qualify for services. This may include, but not limited to, active participation/ presentation in at least one Special Education department meeting and/or an Individualized Education Plan (IEP) meeting.

SBMHP Coordinator and/or Behavioral Health Clinicians/Counselors participate in meetings (e.g. IEPs, staff meetings, etc.) that students’ parents/caregivers attend to discuss services, provide psycho-education, and develop relationships to support student participation in services.

RAMS outreach, engagement and retention strategies include, but are not limited to:

- **Relationship Development:** Developing rapport with school staff, students & families based on behavioral/mental health training & background including: using active listening skills, awareness of non-verbal communication, empathy; understanding of child development, multifaceted cultural identity, & recognizing clients’ unique strengths and needs.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

- **Classroom Observation:** Direct observation of behavior impeding client’s ability to learn and teachers’ response to these behaviors allows for assessment of the strengths and needs and for development of specific intervention plans with teachers, clients, and families.
- **Staff Development/Consultation with Teachers and Paraprofessionals:** Educate school staff regarding behavioral/mental health issues and how they impact client’s behavior. Provide them with tools to engage students, recognizing their particular strengths and needs.
- **Client Consultation/Psycho education:** Providing education and/or consultation to clients, families & communities regarding ED/SDC/LD/ERMHS classification, SOAR Academy & behavioral/mental health issues/services to address negative associations, and engage and retain student participation.
- **Asset Building:** Linkage of students to significant adult and community supports including mentors, community organizations, and participation in meaningful extracurricular activity
- **“Push In/Pull Out” Groups:** Working with students (in and out of the SOAR classroom setting), teachers, and paraprofessionals to engage students in social and emotional learning programs to develop pro-social skills, frustration tolerance, and empathy development. Some of the High School groups are “Pull Out” groups (not in the SOAR class)

B. Admission, enrollment and/or intake criteria and process where applicable.

Students in SOAR classrooms, with Educationally Related Mental Health Services (ERMHS) status, or other special education classes are referred by school personnel to the on-site RAMS Clinicians/Counselors.

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

RAMS counselors provide on-site mental health services to the students referred for services. Each counselor dedicates 12 hours per week per partnership, for behavioral/mental health services (at least eight hr/wk on-site). RAMS counselors provide at least: 28 hours of on-site services at George Washington High School, 20 hours each at Galileo and Mission High Schools as well as Hoover and Presidio Middle Schools, and 24 on-site hours at Denman Middle School, when schools are in operation (including summer school). Depending on the IEP, students may receive behavioral/mental health services at RAMS Outpatient Clinic when school is not in operation in an effort to provide continuity of care.

Initial assessment, individual therapy, group therapy, family therapy, case management, collateral and crisis intervention are treatment options, as clinically indicated. Outreach, milieu services, and consultation to the school personnel are provided as indirect services. A child/youth may be referred for medication evaluation & support services at the RAMS Outpatient Clinic, when necessary, if student has Medi-Cal; others may be referred to their medical homes. Length of stay varies, depending on the review of treatment plan of care and the Individualized Educational Plan. Child/youth may be seen twice a week for high intensity need, and may reduce to once a month for maintenance level need.

RAMS counselors work collaboratively with caregivers, school officials, other service providers, and community groups to help maximize students’ internal and external resources and supports. RAMS

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

counselors provide “push in” groups in the classrooms, as well as “pull out” group therapy in some high schools. Milieu services from the onsite SOAR clinician is also a significant aspect of service delivery. Milieu clinicians are responsible for aiding in the day-to-day functioning of the classroom environment which includes: classroom observation, implementation of behavioral support plans for students, de-escalation of students, consultation with teachers and para-professionals, and taking a leadership role in modeling effective classroom management skills.

D. Describe your program’s exit criteria and process, e.g. successful completion

The type and frequency of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs, in accordance with the IEP, and reviewed by the clinical authorization committee and in consultation with SFDPH BHS. RAMS Clinicians/Counselors, along with school personnel, determine students’ exit criteria and process & procedure at the students’ Individualized Education Plan (IEP) meetings. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensating, progress and status of Care Plan objectives, medication compliance, and the client’s overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged to a lower level of care and/or be referred. Furthermore, clients’ transferring to other schools is also taken into consideration.

E. Program staffing

See BHS Appendix B CRDC page.

F. For Indirect Services: Describe how your program will deliver the purchased services.

RAMS indirect services/activities include working in the milieu of the SOAR classroom by conducting classroom observations, providing consultation to SOAR staff, supporting de-escalation of students, and providing informal support to students who have yet to be opened as clients, attending SOAR Team meetings and SFUSD/SOAR trainings.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Children, Youth, and Family Performance Objectives FY 19-20.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about Plan of Care timelines. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is continuously collected, with its methodology depending on the type of information;

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality, including tracking reports provided by Avatar to ensure documentation timeliness. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee which is comprised of the Quality Improvement Supervisor (licensed clinical social worker), Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Coordinator/Clinical Supervisor (licensed marriage & family therapist), and other licensed staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc.

In addition to the program's documentation review, the RAMS Quality Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). The council is also involved with the PURQC Level 2 reviews, which are conducted quarterly. Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly case conferences, and monthly clinical grand rounds. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision (mostly weekly; some are monthly); supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.

Contractor Name: Richmond Area Multi-Services, inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
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- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review).
- RAMS maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access. For RAMS CYF Outpatient, the client's preferred language for services is noted at intake; during the case assignment process, the Program Director (as possible) matches client with counselor by taking into consideration language, culture, and provider expertise.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
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- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the program maintains a Youth Council, which meets monthly, and provides feedback on program services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestions boxes in the two client waiting areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Timely completion and use of outcome data, including CANS

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Required Language:

Not Applicable.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SED	Contract Term: 07/01/19 – 06/30/20

1. Identifiers:

Program Name: Children Outpatient SED
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code: 3894-SD

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 San Francisco, CA 94112
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Herbert Hoover Middle School
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Mission High School
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Presidio Middle School
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 San Francisco, CA 94121
 (415) 750-8435

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To provide on-site, school-based mental health services for students with the former designation of "Emotional Disturbance" (ED) and currently placed in SOAR (Success, Opportunity, Achievement and Resiliency) Academy, and other special education students that have identified mental health needs (i.e., ERMHS status), and support to teachers/classroom/school environments to increase student engagement in learning and school connection.

Contractor Name: Richmond Area Multi-Services, inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

4. Target Population

The San Francisco Unified School District (SFUSD), serving the following schools: Denman, Herbert Hoover, and Presidio Middle Schools as well as George Washington, Mission, and Galileo High Schools for Emotionally Disturbed (ED) youth and their families and support to the school personnel who work with them.

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5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
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Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
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- **Classroom Observation:** Direct observation of behavior impeding client’s ability to learn and teachers’ response to these behaviors allows for assessment of the strengths and needs and for development of specific intervention plans with teachers, clients, and families.
- **Staff Development/Consultation with Teachers and Paraprofessionals:** Educate school staff regarding behavioral/mental health issues and how they impact client’s behavior. Provide them with tools to engage students, recognizing their particular strengths and needs.
- **Client Consultation/Psych education:** Providing education and/or consultation to clients, families & communities regarding ED/SDC/LD/ERMHS classification, SOAR Academy & behavioral/mental health issues/services to address negative associations, and engage and retain student participation.
- **Asset Building:** Linkage of students to significant adult and community supports including mentors, community organizations, and participation in meaningful extracurricular activity
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B. Admission, enrollment and/or intake criteria and process where applicable.

Students in SOAR classrooms, with Educationally Related Mental Health Services (ERMHS) status, or other special education classes are referred by school personnel to the on-site RAMS Clinicians/Counselors.

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

RAMS counselors provide on-site mental health services to the students referred for services. Each counselor dedicates 12 hours per week per partnership, for behavioral/mental health services (at least eight hr/wk on-site). RAMS counselors provide at least: 28 hours of on-site services at George Washington High School, 20 hours each at Galileo and Mission High Schools as well as Hoover and Presidio Middle Schools, and 24 on-site hours at Denman Middle School, when schools are in operation (including summer school). Depending on the IEP, students may receive behavioral/mental health services at RAMS Outpatient Clinic when school is not in operation in an effort to provide continuity of care.

Initial assessment, individual therapy, group therapy, family therapy, case management, collateral and crisis intervention are treatment options, as clinically indicated. Outreach, milieu services, and consultation to the school personnel are provided as indirect services. A child/youth may be referred for medication evaluation & support services at the RAMS Outpatient Clinic, when necessary, if student has Medi-Cal; others may be referred to their medical homes. Length of stay varies, depending on the review of treatment plan of care and the Individualized Educational Plan. Child/youth may be seen twice a week for high intensity need, and may reduce to once a month for maintenance level need.

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Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
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D. Describe your program’s exit criteria and process, e.g. successful completion

The type and frequency of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs, in accordance with the IEP, and reviewed by the clinical authorization committee and in consultation with SFDPH BHS. RAMS Clinicians/Counselors, along with school personnel, determine students’ exit criteria and process & procedure at the students’ Individualized Education Plan (IEP) meetings. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensating, progress and status of Care Plan objectives, medication compliance, and the client’s overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged to a lower level of care and/or be referred. Furthermore, clients’ transferring to other schools is also taken into consideration.

E. Program staffing

See BHS Appendix B CRDC page.

F. For Indirect Services: Describe how your program will deliver the purchased services.

RAMS indirect services/activities include working in the milieu of the SOAR classroom by conducting classroom observations, providing consultation to SOAR staff, supporting de-escalation of students, and providing informal support to students who have yet to be opened as clients, attending SOAR Team meetings and SFUSD/SOAR trainings.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Children, Youth, and Family Performance Objectives FY 19-20.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about Plan of Care timelines. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is continuously collected, with its methodology depending on the type of information;

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality, including tracking reports provided by Avatar to ensure documentation timeliness. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee which is comprised of the Quality Improvement Supervisor (licensed clinical social worker), Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Coordinator/Clinical Supervisor (licensed marriage & family therapist), and other licensed staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc.

In addition to the program's documentation review, the RAMS Quality Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). The council is also involved with the PURQC Level 2 reviews, which are conducted quarterly. Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly case conferences, and monthly clinical grand rounds. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision (mostly weekly; some are monthly); supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review).
- RAMS maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access. For RAMS CYF Outpatient, the client's preferred language for services is noted at intake; during the case assignment process, the Program Director (as possible) matches client with counselor by taking into consideration language, culture, and provider expertise.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the program maintains a Youth Council, which meets monthly, and provides feedback on program services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestions boxes in the two client waiting areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Timely completion and use of outcome data, including CANS

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Required Language:

Not Applicable.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3a through A-3c
Program Name: Wellness Centers Support & Training	Contract Term: 07/01/19 – 06/30/20

1. Identifiers:

Program Name: Wellness Centers Support & Training
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code: 3894-6

Wellness Centers are located at:

- Academy of San Francisco (ASF) (94131)
- Phillip and Sala Burton Academic High School (94134)
- Downtown High School (94107)
- Galileo Academy of Science & Technology High School (94109)
- June Jordan High School (94112)
- Abraham Lincoln High School (94116)
- Lowell Alternative High School (94132)
- Mission High School (94114)
- Thurgood Marshall High School (94124)
- John O'Connell Alternative High School (94110)
- School of the Arts (94131)
- SF International High School (94110)
- Raoul Wallenberg High School (94115)
- George Washington High School (94121)
- Ida B. Wells High School (94117)
- Independence High School (94122)

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To provide integrated behavioral health and case management services at 16 of the high school-based Wellness Centers and intensive case management services to court-ordered youth on probation.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3a through A-3c
Program Name: Wellness Centers Support & Training	Contract Term: 07/01/19 – 06/30/20

4. Target Population

The target population includes 16 SFUSD high schools (e.g. students & families; administrators & teachers), focusing on students with behavioral health concerns. Additionally, RAMS serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Intensive Case Management, are eligible for EPSDT services.

The SF TRACK (Treatment Recovery Accountability Collaboration Knowledge) serve youth at-risk or already involved in juvenile justice, regardless of their school or court placement, and is a portable intensive outpatient treatment program that serves qualified youth on probation.

5. Modality(ies)/Interventions (aka Activities)

Program Code: 38946

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Case Management	10,000	Included
Mental Health Services	33,800	65
Medication Support	2,000	Included
Crisis Intervention	2,400	Included
Total UOS Delivered	48,200	
Total UDC Served		65

For MHSA-funded services, below are the Activity Categories:

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Outreach and Promotion	80	750
Screening and Assessment	105	90
Mental Health Consultation	183	150
Individual Therapeutic Services	588	90
Group Therapeutic Services	120	40
Total UOS Delivered	1,076	

6. Methodology

RAMS Wellness Centers program's model and treatment modalities are based on a client-centered, youth-focused, strength-based model with an inter-relational approach. As adolescent students present with a wide scope of issues (e.g. mental health, substance use/abuse, diverse ages, ethnicity, sexuality, socio-economic status), service provision must be comprehensive to assess and respond, while de-stigmatizing therapy and establishing trust. In doing so, RAMS incorporates various culturally relevant evidence-based practices (e.g. Motivational Interviewing, Stages of Change, Brief Intervention Sessions, Beyond Zero Tolerance, Seeking Safety, Trauma-Focused Cognitive Behavioral Therapy, Mindfulness), in working with adolescents. Student outcomes are: improved psychological well-being, positive engagement in school, family & community, awareness & utilization of resources, and school capacity to support student wellness.

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Program Name: Wellness Centers Support & Training	Contract Term: 07/01/19 – 06/30/20

RAMS Wellness - SF TRACK, a multi-agency collaborative of clinical teams, offers a skills-based, multi-phase, mobile, intensive outpatient treatment program for youth with co-occurring substance use and mental health disorders. Services are provided to the youth and their families at home, school and in the community using evidence informed practices based on Teen Intervene and Teen Matrix curriculums. The partner agencies include Juvenile Probation, AIIM Higher, RAMS, OTTP, Special Programs for Youth, CARC, and Urban Services YMCA. Student outcomes are: reduce recidivism, reduce substance abuse, and increase academic success.

A. Outreach, recruitment, promotion, and advertisement as necessary.

Facilitated by RAMS staff and interns, outreach & educational activities for students, families, and teachers are on various behavioral health issues (e.g. presentations at school meetings, participating in parent meetings, Back to School Nights, and PTSA meetings); and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities (e.g. LGBTQ, Chinese, gang-involved) by conducting various activities such as presentations (student orientation, classrooms, assemblies, and health fairs), contributing articles to the Wellness Newsletter, participating in student clubs & associations (culture/interest-based and student government), and other methods (e.g. connecting with Peer Resource, drop-in hours). Outreach is also to those who may benefit from case management, who are dealing with trauma/grief & loss, or families with limited resources.

Behavioral health outreach, awareness, promotion, and educational services are provided to the entire student population, as requested by each school site. Outreach also includes trainings to staff & parents as requested and in doing so, counselors also develop an outline for the presentation which is formatted so that other sites can utilize it. RAMS also utilizes its social networking capability and advertises its services, events and program highlights via RAMS blog, Facebook page, and Twitter.

B. Admission, enrollment and/or intake criteria and process where applicable.

For the Wellness Centers program, students are referred to Wellness Center services by school staff, i.e teachers, academic counselors, deans, etc.; parents; or students themselves. Each student referred receives an assessment. The program primarily utilizes an assessment tool based on the HEADSS model (Home, Education/Employment, Activities, Drugs, Sexuality, and Safety) which identifies protective and risk factors in each area. HEADSS is an adolescent-specific, developmentally appropriate psychosocial interview method that structures questions so as to facilitate communication and to create an empathetic, confidential, and respectful environment. RAMS assesses students for appropriateness of services modality, frequency, and accessibility (location, schedule). RAMS provides services on-site at the Wellness Centers as well as off-site by other community program providers (including RAMS Outpatient Clinic). The type, frequency, and location (on- or off-site) of services are tailored to the client's acuity & risk, functional impairments, and clinical needs as well as accessibility to community resources (e.g. family support, insurance coverage, ability to pay if needed).

For the SF TRACK program, students can be referred by probation officers, attorneys, public defenders, judges, parents, schools, treatment providers etc. Each student receives a CANS assessment by SF-AIIM Higher, a DPH provider that centralizes referrals, assessments and triaging to SF TRACK partners. Youth must be ages 14-18, have ongoing issues with substance abuse, significant emotional and behavioral risks, be at-risk for out-of-home placement and be capable of participating in program and treatment activities.

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for

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Program Name: Wellness Centers Support & Training	Contract Term: 07/01/19 – 06/30/20

service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

For the Wellness Centers Program, counselors are on-site from the beginning of the school day to 30 minutes after school. (8 a.m. – 4 p.m.). During a crisis, the Counselor may stay longer to assist with care transition (e.g. Child Crisis), in consultation with the RAMS Director of Behavioral Health Services, Clinical Supervisor and Wellness Center team. During school breaks, RAMS offers direct services (counseling, case management, crisis intervention) at various locations (e.g., summer school, RAMS Outpatient Clinic, and in the community).

The RAMS model of Wellness services' treatment modalities & strategies include: multi-lingual and multi-cultural behavioral health (mental health & substance abuse) assessment and individual & group intervention (short, medium, & long-term counseling, collateral); crisis intervention; substance use/abuse services (primary and secondary prevention and outpatient services); clinical case management and service coordination & liaison (community providers, emergency support services); consultation; outreach & educational activities for students & parents and teachers; and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities. Furthermore, RAMS provides at least one ongoing behavioral health group at 12 of the 16 high school-based Wellness Centers, at minimum. Examples include, but are not limited to: Anger Management, Life Skills, Mindfulness, 9th grade Transition group, Senior Transition group, etc. The RAMS model focuses on short-term behavioral health counseling and case management services, with longer durations to be assessed in consultation with RAMS supervisors and Wellness team. RAMS Counselors work within the school-based Wellness team under the direction of the Wellness Coordinator and RAMS supervisors.

For clients receiving EPSDT services, the Child and Adolescent Needs and Strengths (CANS) assessment tool is used. The Counselor, in consultation with her/his Clinical Supervisor and/or Program Director, determines clinical and treatment needs and planning (goal development) throughout the service delivery process (informed by the assessment tool data) weighing risk factors that can prompt more immediate on-site services with short term counseling (one to five sessions), medium length (six to 11 sessions), or long term counseling (12 or more sessions, requires DSM diagnosis and potential decompensation). Case reviews by the Clinical Supervisors and/or Program Director are conducted, at minimum, at each service interval (sixth session, 11th session, 20th session, etc.).

Referrals to off-site services are indicated when:

- Students/family have private/public insurance that covers behavioral health services
- Students referred for services at the end of the school year and/or about to graduate high school
- Students requiring more than once a week counseling (e.g. high risk with suicidal/homicidal ideation; psychosis, etc.) to be linked with a higher levels of care in the community
- Students/families can connect with community services with little or no accessibility barriers

SF TRACK offers a skills-based, multi-phase, mobile, intensive outpatient treatment program to youth and their families at home, school and in the community. Each client is offered individual and family therapy at locations that are flexible and portable to optimize successful engagement of clients and their families. Case Management with schools and community services is also offered to enhance positive connections in a client's life.

D. Describe your program's exit criteria and process, e.g. successful completion.

For the Wellness Centers Program, disposition of all cases are conducted in accordance to clinical standards of care, in collaboration with the client and family (and other parties involved), and through

providing follow-up and/or referral information/linkage. For clients with ongoing care, termination or step-down process to less intensive treatment services begins when a child/youth has met all or majority of the target goals in the Plan of Care, when his/her target symptoms have decreased or alleviated, and he/she can function at his/her developmental expectation. Stressors are also considered whether the child/youth may decompensate if service is terminated or stepped-down. Students may be referred for other behavioral/mental health or case management services for short-term, early intervention, or assessment only. RAMS counselors take part in ensuring that continuity of care takes place when students transfer or graduate from high school.

SF TRACK participants must successfully complete a three phase process to successfully be exited from treatment. Phase I includes Orientation, approximately 2-4 weeks focused on rapport, initial assessment, building a recovery team. Phase II is Early Recovery, approximately 8-10 weeks that focuses on increasing youth and family motivation in treatment as well as conflict resolution, psychoeducation and communication skills for youth and their families. Phase III is Core Recovery, approximately 8-10 weeks, focusing on relapse prevention skills, building interpersonal and regulation skills, and increasing participation in adaptive activities as a way to replace negative behaviors and increase positive peer influences.

E. Program staffing.

See BHS Appendix B.

RAMS Wellness Centers Program services are provided by: Behavioral Health Therapists/Counselors, Clinical Case Managers, Trauma/Grief & Loss Group Counselor, six graduate school interns, and volunteers. All staff/interns have a Clinical Supervisor and overall program oversight is the responsibility of the Director of Behavioral Health Services/Program Director.

RAMS Wellness Centers Program maintains a school-based internship program; during FY 2018-19, there are six graduate school interns (counseling) and six volunteer counselors who hold masters degrees in a mental health discipline and are Marriage & Family Therapist Interns. All interns/volunteers are providing behavioral health services on-site; each intern/volunteer is supported in their learning process, receiving weekly clinical individual and group supervision, and didactic seminars. These internships are unpaid positions.

SF TRACK is staffed by a Program Manager, one full time Senior Case Manager, and one full time Clinical Case Manager. All participate in providing individual, and family therapy and case management services.

F. Mental Health Services Act Programs

1. Consumer participation/engagement: Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

RAMS is committed to consumer involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and culturally competency. The best informant for the culturally relevant curriculum & program development is the target population, themselves. Effective activities at school-based programs that inform service delivery include: focus groups & meetings with students, families, and school administrators & teachers to identify & address the school's needs and best practices; anonymous surveys; coordinate a Student Advisory Committee; and engage & foster relationships with

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consumer community at convenient & easily-accessible venues/platforms (e.g. staff development trainings, PTSA meetings, “free periods,” hosted lunch hour events). All meeting outcomes, evaluations, and reviews are reported to RAMS executive management along with any action plans (e.g. adjustment of service strategies in consideration of cultural relevancy and school-based setting). Furthermore, the RAMS Youth Council meets monthly during school year to provide continuous feedback of RAMS service delivery to children and youth.

2. MHS Vision: Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.

RAMS is recognized as a leader in providing culturally competent services (inclusive of providers having the attitudes, knowledge, and skills needed to understand, communicate with, and effectively serve people across all cultures), and our programs’ breadth, depth, and extensiveness have afforded the agency with a highly regarded reputation. It is an integral aspect for organizational and program development, planning, policies & procedures, service implementation, staff recruitment & employment practices, and outreach & referral. Furthermore, as demonstrated by its history and current diverse workforce, RAMS effectively recruits, hires, and retains staff that appropriately reflects cultural and linguistic diversity of the client population. The staff possesses the attitudes, knowledge, and skills to understand, communicate with, and effectively serve individuals across all cultures. When providing services to clients, providers consider all cultural components of the individual including her/his immigration generation, level of acculturation, accessibility of resources & support, and other factors (e.g. age, race/ethnicity, sexuality, socio-economic status, academic needs, neighborhood/defined community, etc.). As such, service delivery is strengths-based, adaptable & flexible, individual and group counseling is provided in the student(s)’s primary/preferred language(s), and involves family participation (as appropriate).

RAMS Wellness capacity includes Spanish, Cantonese, Mandarin, Tagalog, Vietnamese, Tongan, Khmer, Turkish, & Korean as well as can easily access the agency’s enhanced capacity of 30 languages (Asian languages, and Russian). As part of RAMS’ efforts to support and further enhance the professional development of its staff (including effective engagement strategies), RAMS consistently coordinates for various trainings such as: school-based program-specific trainings, weekly didactic trainings on culturally specific issues, monthly children & youth case conferences, and weekly Wellness program case conferences (only during summer). The RAMS Wellness program also retains a particular expert to provide consultation and facilitate discussions on systemic, macro-level issues that impact the youth and their community. Training topics are determined in various manners including a needs assessment/survey, emerging issues of clients (e.g. internet addiction), evidenced-based models of care, staff meetings, and feedback from direct service providers and clinical supervisors. In addition, there is an ongoing selection of topics that are provided to ensure retention and enhancement of youth-focused strategies trainings (e.g. intermediate level Motivational Interviewing). RAMS Wellness administrators also meet with Wellness Initiative and School Health representatives monthly and discuss training topics and gaps in skills and services to plan training not only for RAMS Wellness staff, but for Wellness Initiative and school personnel.

7. Objectives and Measurements

A. Standard Objectives:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 19-20.

8. Continuous Quality Assurance and Improvement

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3a through A-3c
Program Name: Wellness Centers Support & Training	Contract Term: 07/01/19 – 06/30/20

A. Achievement of contract performances objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording client's primary care provider at case opening in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected in real time, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. Client charts are reviewed by clinical supervisors at 12 session (medium intensity) and 20 session (long term) for quality, thoroughness, accuracy and appropriateness of continuation of services. Long-term cases are reviewed by clinical supervisor and Director of Behavioral Health Services/Program Director, on at least, a quarterly basis. RAMS maintains a system/procedure to ensure that majority of clients receive short-term interventions and that clients receiving medium to long-term interventions are monitored. On-site services are generally provided to those exhibiting high level of need and whose school attendance is conducive to regular sessions. In addition, two internal audits of charting occur annually – one peer review and one conducted by the director – to monitor compliance to legal and ethical standards of care.

In addition, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee (e.g. PURQC); based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff also conduct a peer chart review in which a sampling of charts are reviewed with feedback.

In addition to the program's documentation review, the RAMS Quality Council conducts a review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural Competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3a through A-3c
Program Name: Wellness Centers Support & Training	Contract Term: 07/01/19 – 06/30/20

large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles) and case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision; supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement.
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of annual objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3a through A-3c
Program Name: Wellness Centers Support & Training	Contract Term: 07/01/19 – 06/30/20

- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. In addition, the program administers its own satisfaction survey, at case closure (for youth seen for more than six sessions) which include questions around meeting treatment goals, life improvement, and perspectives about counseling. Furthermore, the program conducts focus groups to solicit feedback on services as well as administers satisfaction surveys to students and school staff, to determine areas of strength and challenges to programming. Results of the satisfaction methods are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the agency maintains a Youth Council, which meets monthly, and provides feedback on program services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Timely completion and use of outcome data, including CANS

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Required Language:

Not Applicable.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: ECMHI-Fu Yau	Contract Term: 07/01/19 – 06/30/20

1. Identifiers:

Program Name: ECMHI-Fu Yau
 Program Address: 1375 Mission Street
 City, State, Zip: San Francisco, CA 94103
 Telephone: (415) 689-5662
 Fax: (415) 668-6388
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code: Not Applicable

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To prevent emotional disturbance and provide early intervention for San Francisco children (prenatal to five years old) and to improve their social and emotional well-being.

4. Target Population

Young children from prenatal to five years old, who are from low-income families, TANF and CalWORKs recipients, with a special focus on new immigrants and refugees residing in San Francisco, and are underserved families of color in San Francisco.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: ECMHI-Fu Yau	Contract Term: 07/01/19 – 06/30/20

4a. Sites Receiving Fu Yau Project Mental Health Consultation Services

<i>Child Care Sites</i>	<i># of Children</i>	<i># of Classrooms</i>	<i># of Staff</i>	<i>Language Capacity</i>	<i>Site Type</i>	<i>Funding</i>	<i>Consultant Name</i>	<i>Consultant Hours/Week</i>
DCYF								
Felton Martin Luther King Child Care	36	6	7	English/Japanese	ECE	DCYF	Maki Yamamoto	8
Kai Ming-Rainbow	41	3	12	English/Chinese	ECE	DCYF	Diana Chu	6
Cross Cultural Western Addition Child Care (site is not receiving ECMHCI network service)	18	1	4	English/Chinese	ECE	DCYF	open	
Nihonnachi Little Friends-Bush St.	90	2	19	English/Japanese	ECE	DCYF	Namie Ideura	6
Wah Mei	80	5	12	English/Chinese	ECE	DCYF	Juei-Chen "Lanny" Chao	6 biweekly
ABC Preschool	35	2	10	English/Japanese	ECE	DCYF	Namie Ideura	6
SFUSD Gordon J. Lau	32	2	3	English/Chinese	ECE		Li-Wen Cheng	6
CCCC Chinatown/North Beach	24	1	4	English/Chinese	ECE		Diana Chu	6
Felton Learning Center	75	3	9	English/Japanese	ECE		Namie Ideura	6
Wu Yee Home-based Chinatown	11	1	1	English/Chinese	ECE		Kenny Le	2 per mo.
Wu Yee Home-based-Bay View (2 groups)	60	3	30	English/Spanish	ECE		Raul Yopez	4 Per mo
Cross Cultural Oscaryne Williams Center of Hope *	30	2	10	English/Chinese	ECE		Tammy Yu	6
HSA								
Angela's Children's Center	42	3	20	English/Chinese	ECE	HSA	Diana Chu	6
Gum Moon Chinatown Resource Center	36	3	6	English/Chinese	ECE	HSA	Janny Wong	10

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Chinatown Community Children's Center-Chinatown	60	2	6	English/Chinese	ECE	HSA	Larissa Tam	6
Cross Cultural Cleo Wallace Child Care	18	4	16	English/Chinese	ECE	HSA	Tammy Yu	On-call per site's request
Wu Yee New Generations	64	7	18	English/Chinese	ECE	HSA	Roy Cheung	6
Wu Yee Early Head Start 831 Broadway	26	4	12	English/Chinese	ECE	HSA	Juei-Chen "Lanny" Chao	6
Felton Sojourner Truth	30	2	10	English/Japanese	ECE	HSA	Maki Yamamoto	6
Wu Yee FCC Yi Li	8	1	2	English/Chinese	FCC	HSA	Larissa Tam	2 per mo.
Wu Yee FCC Xiao Ling	14	1	2	English/Chinese	FCC	HSA	Kenny Le	2 per mo.
Wu Yee FCC Siu Kam Cheung	6	1	2	English/Chinese	FCC	HSA	Roy Cheung	2 per mo.
Wu Yee FCC Qiu Mei Li	12	1	2	English/Chinese	FCC	HSA	Tammy Yu	2 per mo.
Wu Yee FCC Yi Hong Mai	8	1	2	English/Chinese	FCC	HSA	Janny Wong	2 per mo.
Wu Yee FCC Xiao Xia Zhen	8	1	2	English/Chinese	FCC	HSA	Harmonie Wong	2 per mo.
Wu Yee FCC Lillian Cai	6	1	2	English/ Chinese	FCC	HSA	Janny Wong	2 per mo.
Wu Yee FCC Xiao Li Chen	6	1	2	English/Chinese	FCC	HSA	Larissa Tam	2 per mo.
FCC Annie Liu	6	1	2	English/Chinese	FCC	HSA	Diana Chu	2 per mo.
FCC Ying Jun Ging	12	1	3	English/Chinese	FCC	HSA	Roy Cheung	2 per mo.
Wu Yee Head Start OMI	40	3	12	English/Chinese	ECE	HSA	Larissa Tam	6
Wu Yee Head Start West Side	30	2	6	English/Chinese	ECE	HSA	Namie Ideura	6
SFUSD Commodore-Stockton	120	5	20	English/Chinese	ECE	HSA	Kenny Le	6 biweekly
SFUSD Noriega	140	7	30	English/Chinese	ECE	HSA	Kenny Le	6 biweekly
SFUSD Tule Elk Park (+TK)	96	6	24	English/Chinese	ECE	HSA	Tammy Yu	6
SFCFC PFA								
Telegraph Hill Neighborhood Center	99	5	25	English/Chinese	ECE	PFA	Diana Chu	6
SFUSD Excelsior @ Guadalupe	60	3	20	English/Chinese	ECE	PFA	Harmonie Wong	6
SFUSD Jefferson	42	2	11	English/Chinese	ECE	PFA	Namie Ideura	6
Chibi Chan	56	3	12	English/Japanese	ECE	PFA	Li-Wen Cheng	6 biweekly
Chibi Chan Too				English/Japanese	ECE	PFA	Li-Wen Cheng	6 biweekly

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SFUSD Tenderloin	24	2	12	English/Japanese	ECE	PFA	Aya Sato	6
Glide Child Care Center	49	2	12	English/Tagalog	ECE	PFA	Aya Sato	6
Kai Ming Broadway	56	3	12	English/Chinese	ECE	PFA	Janny Wong	6
Kai Ming Geary	60	2	10	English/Chinese	ECE	PFA	Harmonie Wong	6
Kai Ming North Beach	40	2	8	English/Chinese	ECE	PFA	Li-Wen Cheng	6
Kai Ming Powell	20	1	5	English/Chinese	ECE	PFA	Janny Wong	6
Kai Ming Richmond	30	2	8	English/Chinese	ECE	PFA	Larissa Tam	6
Kai Ming St. Luke's	60	3	10	English/Chinese	ECE	PFA	Tammy Yu	6
Kai Ming Sunset	44	2	8	English/Japanese	ECE	PFA	Larissa Tam	6
WuYee Head Start Cadillac	40	2	8	English/Japanese	ECE	PFA	Aya Sato	6
SFUSD Argonne	82	4	12	English/Japanese	ECE	PFA	Namie Ideura	6
SFUSD E.R. Taylor	80	4	5	English/Chinese	ECE	PFA	Harmonie Wong	6
SFUSD Grattan	40	2	10	English/Japanese	ECE	PFA	Li-Wen Cheng	6
The Family School Mission/ Bernal Heights	48	3	12	English/Spanish	ECE	PFA	Raul Yepez	6
True Sunshine	44	2	11	English/Chinese	ECE	PFA	Kenny Le	6 biweekly
Wu Yee Generations	36	1	8	English/Chinese	ECE	PFA	Roy Cheung	6
Wu Yee Lok Yuen	40	2	10	English/Chinese	ECE	PFA	Kenny Le	6
Wu Yee Tenderloin GoldenGate 177	32	2	6	English/Spanish	ECE	PFA	Raul Yepez	6
Training Institute						PFA	Li-Wen Cheng	3 hrs per mo./ Five MHC
SRI								
Gum Moon – Richmond Family Support Center	24	1	6	English/Chinese	FRC	SRI	Roy Cheung	6
Glide Family Resource Center	30	1	6	English/Chinese	FRC	SRI	Aya Sato	6
Wu Yee Joy Lok	30	1	15	English/Chinese	FRC	SRI	Kenny Le	6 biweekly
Potrero Hill Family Resource Center	30	1	5	English/Chinese	FRC	SRI	Roy Cheung	2 per mo.
MHSA								
Sunset Family Resource Center (aka Asian Family Support Center – Sunset and Sunset Beacon	30	2	5	English/Chinese	FRC	MHSA	Harmonie Wong/Juei-	6 for each site

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							Chen "Lanny" Chao	
FCCQN Group		63		English/Chinese	FCC	MHSA	Tammy Yu and Larissa Tam	4

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5. Modality(ies)/Interventions

Fu Yau Project establishes a Site Agreement with each respective site served (child care, family resource centers, etc. at the beginning of each fiscal or academic year, whichever is most appropriate. Each Site Agreement includes the following information:

- Site information to which the Site Agreement applies
- The term of the Site Agreement
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of Site Agreement document
- Signature lines for Consultant, Site Director/Manager, Contractor Program/Project Director

Once the Site Agreement is completed and signed by all parties, a copy of the document is sent to the BHS ECMHCI Program Director no later than November 15.

Modalities:

- *Consultation - Individual:* Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- *Consultation - Group:* Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- *Classroom/Child Observation:* Observing a child or group of children within a defined setting to inform consultation services to teachers/staff/parents.
- *Staff Training:* Providing formal and informal trainings to a group of three or more staff at a site. Trainings may be site specific, or for an entire child care organization with multiple sites.
- *Parent Training Support Group:* Providing structured, formal training to a group of three or more parents on a specific topic. Can also include leading a parent support group or a parenting workshop series such as Triple P.
- *Early Referral Linkage:* Includes linkage of children and families to additional community resources such as SFUSD Special Education Dept. or Golden Gate Regional Center.
- *Consultant Training/Supervision:* Ongoing supervision of consultants both individually and in groups, as well as a variety of trainings offered to consultants as a whole or through individual contractors
- *Evaluation:* Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Consultation Initiative. Can also include time spent complying with the BHS-initiated evaluation efforts.
- *Systems work:* Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Transdisciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- *Early Intervention Services – Individual:* Activities directed to a child, parent, or caregiver that are not Mental Health Services. Activities may include, but are not limited individual child interventions such as shadowing or 1:1 support, meetings with parents/caregivers to discuss their concerns about

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their child’s development and/or to explore parenting practices that could be used at home, developmental screening and/or assessment, and referrals to other agencies. These services are intended for children who have social or emotional problems that place them at risk for expulsion.

- *Early Intervention Services – Group:* Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children. Groups are intended to teach children social skills such as sharing and communicating effectively, affect regulation, and improve their ability to cooperate with peers and adults. Groups will be led by a mental health consultant, and/or a staff member from the site, if necessary and possible. Interventions are informed by the Ages and Stages Questionnaire (ASQ) or the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). Service will only be delivered after parents/guardians have given their written consent and after consultation with staff at the site.
- *Mental Health Services-Individual/Family:* Therapeutic services for individual children and/or their family. Services are intended to address the mental health needs of children who need more support than what is offered through Early Intervention Services. Treatment is based on the child’s diagnosis and focuses on symptom reduction to improve functioning. Family therapy will include the identified child. An assessment and Plan of Care, which will describe the goals and interventions and will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.
- *Mental Health Services-Group:* Group therapeutic service that focuses on reducing the symptoms of a diagnosable mental health problem, which is impairing their functioning. The group modality will be used for those children whose mental health concerns would be improved through the experience of interacting with peers who may have similar concerns. An assessment and Plan of Care, which will describe the goals and interventions, will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.

Units of Service (UOS) Description	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
Case Management	9,666	inclusive
Mental Health Services	234,334	960
Medication Support	42,461	inclusive
Crisis Intervention	1,020	inclusive
Total UOS Delivered	287,481	
Total UDC Served		960

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

Fu Yau Project currently has Site Agreements with several large, state and federally funded child-care organizations (e.g. Head Start and San Francisco Unified School District). Fu Yau (FY) also works with community-based, non-profits such as Glide Child Care Center and Gum Moon Asian Women Resource Center/Asian Family Support Center. FY’s reputation is well known throughout the city so requests for consultation are often the result of word-of-mouth. Providers also respond to program/project brochures, which are distributed at various community outreach events attended by Fu Yau Consultants. The Project

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also participate in functions, such as conferences and trainings that allow the team the opportunity to discuss services and the mental health needs of children ages 0-5 with other professionals in the childcare & mental health fields, and the community at large.

B. Admission, enrollment and/or intake criteria and process where applicable.

The Fu Yau Project exclusively collaborates with assigned childcare centers, family childcare providers, and family resource centers. Fu Yau utilizes the internal referral process of the childcare providers when specific families or children need consultation services. Additionally, as a result of clinical observation by Fu Yau Consultants and in consultation with childcare providers, as indicated, families are approached to discuss the outcome of the observation/consultation and are offered services to address the identified needs. Before intensive consultation about individual cases begins, the program requires that the child's legal guardian complete a consent form, as well as the sites' in-house consent forms.

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

Consultation Services for Sites involve:

- Weekly or biweekly on-site observation and consultation to program
- Observation and consultation on specific, individual children as requested and needed
- In-services training to child care or family resource center staff
- Special events such as staff retreat and/or all day training for child care or family resource center staff as requested and needed
- Case consultation, crisis intervention, mental health intervention, referral and case management of specific children and families
- Consultants provide services during the operating hours of childcare or family resource center sites, usually 4 to 8 hours per week or biweekly between 8 a.m. to 6 p.m., Monday through Friday

Family Involvement – The families are invited to participate in the program through parenting classes.

Details are as follows:

- Parenting classes in Chinese, Spanish, Japanese, and/or English are offered at each site. Topics may include, but are not limited to: child development, discipline, promoting a child's self-esteem, stress management, resources for families, child abuse/domestic violence prevention, dealing with extended families, parent/child relationship, and raising bicultural children.
- Parenting classes usually take place in the early evenings so that the working parents may participate after work. Childcare and refreshments are usually provided.
- Parent support groups usually follow the series of parenting classes, as parents develop a trusting relationship with each other and with the consultant. The frequency of the groups may be from once a week to once a month, depending on the parents' needs.
- Parent Advisory Committee meetings guide us in effectively targeting the concerns and problems of the community. These meetings take place four times a year, on Saturday mornings at Chinatown Child Development Center (CCDC) in Chinatown or at Fu Yau's office, whichever is the most centralized and convenient place for parents to gather. These meetings include one representative from each center and family childcare provider.
- Fu Yau Family Activities are organized at least once a year to provide an opportunity for psycho-education, discuss parenting issues, and support.
- Fu Yau Parenting Group may be offered, and can meet bimonthly, to discuss parenting issues that related to the socio-emotional well-being of the parents' children. The group is co-facilitated and

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serves as a forum for parents who benefit from peer support and education. The facilitators offer parenting information and psycho-education.

Direct Services are also provided, which include, but are not limited to:

- Crisis intervention, mental health intervention, referral & linkage to long-term services at community agencies (SFUSD Special Education, Regional Center, Support Center for Families of Children with Disabilities, health and mental health agencies, etc.) for children and families. Most services are delivered at the childcare sites. However, some linkage services may be delivered in the community, and mental health services may be delivered either on-site, or at RAMS, depending on the private space available at childcare sites.
- Integrated play therapy groups, with a mixed group of three to 10 children, who have identified mental health issues (e.g., selective mutism, anxiety, under-socialized, etc.), and other “typically” developing children. These groups usually take place in the classroom during small group time or free play time, and last about six to 12 weeks. The size of the group and length of time for the session depends on the issues of the children as well as the program needs.
- Parent/Child play therapy groups, with identified children and their parents, are facilitated by the on-site Fu Yau Consultant and a childcare staff member. This group is a combination of parenting class and children’s play therapy group. Parents and children are encouraged to play together with planned activities. Socialization skills and parenting skills are modeled on the spot by the mental health consultant. The size of the group is not more than six to eight pairs in order to maximize the effectiveness of the consultation. This group usually takes place in the late afternoon at the childcare site, to accommodate parents’ work schedules.
- Child play treatment groups, with children with identified mental health issues. This group may last for most of the school year duration or be ongoing, involving two to six children who may have behavioral/social emotional concerns/difficulties. This group takes place on-site in the morning or early afternoon, during children’s regular playtime.
- Psychiatry services and/or consultation, as needed.

Services for Family Childcare Providers include, but are not limited to:

1. Monthly psycho-education/support group meeting for providers with several neighborhoods
2. Weekly, monthly, or as needed visits and consultation with family child care providers
3. Monthly support/education meetings for parents/families of children who attend Wu Yee home-based and Head Start program

D. Describe your program’s exit criteria and process, e.g. successful completion.

Site providers (staff/administrators) and Fu Yau Consultants, with support as needed from the Director of Fu Yau Project meet at least once a year to assess/evaluate the mental health consultation needs of each site. In each of these meetings, the site administrators may choose to refocus the services and/or request to change the intensity of consultation activities. For example, at a particular site, an administrator may choose to move from almost exclusively receiving direct individual/group services to more staff/programmatic consultation or to more work with parents in the form of workshops or trainings. Termination of consultation services will be done after extensive discussion with the site’s director, Fu Yau Director, and the ECMHCI Coordinator.

E. Program staffing.

See BHS Appendix B.

F. For Indirect Services: Describe how your program will deliver the purchased services.

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No indirect services are provided.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 19-20.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording client's primary care provider at case opening. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Program Director monitors service/treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), service discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as documentation requirements.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. Clinical supervisors monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Staff also participate in a bi-annual peer review of documentation. Each staff person receives written feedback about issues such as chart order, legibility of documentation, adherence to timelines for completing various documentation tasks, and consistency between assessment and service plan. The Program Director and clinical supervisor(s) will ensure that corrections are made and additional trainings are offered to staff, if needed.

In addition to the program's documentation review, the RAMS Quality Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services

RAMS philosophy of care reflects values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

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- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles) and case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision; supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of service indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement.
- Site/Client's preferred language for services is noted at initial meeting; during the site/case assignment process, the Program Director matches site/client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this informs the agency's strategic plan.
- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.

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- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

RAMS adheres to the ECMHCI satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. The program maintains a Parent Advisory Meeting (meets at least quarterly) to solicit feedback and support from parents/guardians. Parents are also directly involved in the development of program activities that target the entire parent population of sites covered by Fu Yau Project, share information about the needs of the sites they represent, and then they take what is learned from the meeting back to their sites to assist with the improvement of child care/FRC services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Timely completion and use of outcome data

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive service/treatment outcomes. Specifically, the data and other available analysis reports are reviewed and analyzed by the Program Director along with RAMS executive management. Management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Additional Required Language

- A. For BHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFP-10-2013.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

Appendix B

Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting

Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed 25% of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

- Appendix B-1a Children Outpatient
- Appendix B-1b Children Outpatient SD
- Appendix B-2 Children Managed Care Outpatient
- Appendix B-3a Children-Wellness Center Mental Health
- Appendix B-3b Children-Wellness Center Substance Abuse
- Appendix B-3c MHSA PEI School – Based Wellness
- Appendix B-4 ECMHCI (Fu Yau) Project

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Twenty Six Million Sixty Nine Thousand Seven Hundred Seventy Six Dollars (\$26,069,776)** for the period of July 1, 2018 through June 30, 2023.

CONTRACTOR understands that, of this maximum dollar obligation, **\$2,441,606** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 through June 30, 2019	\$	3,281,452
July 1, 2019 through June 30, 2020	\$	4,958,823
July 1, 2020 through June 30, 2021	\$	5,042,655
July 1, 2021 through June 30, 2022	\$	5,128,582
July 1, 2022 through June 30, 2023	\$	<u>5,216,658</u>
Subtotal - July 1, 2018 through June 30, 2023	\$	23,628,170
Contingency	\$	<u>2,441,606</u>
TOTAL - July 1, 2018 through June 30, 2023	\$	26,069,776

CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH) 00343					Summary Page 2 of 2	
DHCS Legal Entity Name (MH)/Contractor Name (SA) Richmond Area Multi-Services, Inc.					Fiscal Year 2019-2020	
Contract CMS # 1000010639					Funding Notification Date 07/01/19	
Contract Appendix Number	B-3a	B-3b	B-3c	B-4		
Provider Number	3894	388915	3894	3894		
Program Name(s)	Children-Wellness Center Mental Health	Children-Wellness Center Substance Abuse	MHSA PEI - School-Based Wellness	High Quality Childcare Initiative (Fu Yau)		
Program Code(s)	38946	38946	3894	3894		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/19-06/30/19	07/01/19-06/30/19	07/01/19-06/30/19	07/01/19-06/30/19		
					B-3 to B-4	B1 to B-5
					SUBTOTAL	TOTAL
FUNDING USES						
Salaries	\$ 1,102,859	\$ 203,401	\$ 213,954	\$ 825,488	\$ 2,345,682	\$ 3,142,156
Employee Benefits	\$ 330,858	\$ 61,020	\$ 64,188	\$ 247,640	\$ 703,705	\$ 898,577
Subtotal Salaries & Employee Benefits	\$ 1,433,717	\$ 264,421	\$ 278,140	\$ 1,073,108	\$ 3,049,387	\$ 4,100,735
Operating Expenses	\$ 84,799	\$ 11,951	\$ 9,001	\$ 77,080	\$ 162,831	\$ 269,788
Capital Expenses						
Subtotal Direct Expenses	\$ 1,498,516	\$ 276,372	\$ 287,141	\$ 1,150,188	\$ 3,212,218	\$ 4,370,503
Indirect Expenses	\$ 179,822	\$ 33,165	\$ 34,458	\$ 138,022	\$ 385,466	\$ 524,461
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 1,678,338	\$ 309,537	\$ 321,599	\$ 1,288,210	\$ 3,597,684	\$ 4,894,965
					Employee Fringe Benefits %	30.1%
BHS MENTAL HEALTH FUNDING SOURCES						
MH FED SDMC FFP (50%) CYF	\$ 87,500				\$ 87,500	\$ 502,773
MH STATE CYF 2011 PSR-EPSDT	\$ 84,750				\$ 84,750	\$ 290,191
MH WO HSA DMSF CH DHS Childcare				\$ 360,999	\$ 350,999	\$ 350,999
MH WO DCYF MH High School	\$ 1,246,782				\$ 1,246,782	\$ 1,246,782
MH WO DCYF Child Care				\$ 158,712	\$ 158,712	\$ 158,712
MH WO HSA MH ECE/PFA				\$ 629,323	\$ 629,323	\$ 629,323
MH WO CFC School Readiness				\$ 102,741	\$ 102,741	\$ 102,741
MH WO DCYF Violence Prevention	\$ 67,000				\$ 67,000	\$ 67,000
MH Fed SDMC FFP (50%) Managed Care						\$ 4,200
MH STATE 2011 PSR Managed Care			\$ -		\$ -	\$ 55,800
MH MHSA (PEI)			\$ 321,599	\$ 42,603	\$ 364,202	\$ 418,056
MH MHSA (CSS)	\$ 143,572				\$ 143,572	\$ 143,572
MH STATE CYF 1991 Realignment		\$ -			\$ -	\$ 197,398
MH CYF COUNTY General Fund	\$ 17,564		\$ -		\$ 17,564	\$ 282,879
MH CYF COUNTY General Fund (ERMHS)			\$ -		\$ -	\$ 100,000
MH CYF COUNTY WO CODB	\$ 31,170			\$ 3,832	\$ 35,002	\$ 35,002
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,678,338	\$ -	\$ 321,599	\$ 1,288,210	\$ 3,288,147	\$ 4,685,428
BHS SUBSTANCE ABUSE FUNDING SOURCES						
SA COUNTY - General Fund		\$ 173,166			\$ 173,166	\$ 173,166
SA WO - DCYF Wellness Centers		\$ 103,371			\$ 103,371	\$ 103,371
DCYF Joint Violence Prevention Initiative Work Order		\$ 33,000			\$ 33,000	\$ 33,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ 309,537	\$ -	\$ -	\$ 309,537	\$ 309,537
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,678,338	\$ 309,537	\$ 321,599	\$ 1,288,210	\$ 3,597,684	\$ 4,894,965
NON-DPH FUNDING SOURCES						
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,678,338	\$ 309,537	\$ 321,599	\$ 1,288,210	\$ 3,597,684	\$ 4,894,965

Prepared By: Angela Tang, Director of Operations

Phone Number: 415-800-0699

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH) 00343						Summary Page	1 of 2
DHCS Legal Entity Name (MH)/Contractor Name (SA) Richmond Area Multi-Services, Inc.						Fiscal Year	2019-2020
Contract CMS # 1000010839						Funding Notification Date	07/01/19
Contract Appendix Number	B-1a	B-1b	B-2	B-#	B-#	B-#	
Provider Number	3894	3894	3894				
Program Name(s)	Children Outpatient	Children Outpatient SD	Children Managed Care Outpatient				
Program Code(s)	38947	3894SD	3894MC				B-1 to B-2
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				SUBTOTAL
FUNDING USES							
Salaries	\$ 494,839	\$ 248,857	\$ 52,780				\$ 796,476
Employee Benefits	\$ 158,348	\$ 79,635	\$ 16,890				\$ 254,872
Subtotal Salaries & Employee Benefits	\$ 653,187	\$ 328,492	\$ 69,670	\$ -	\$ -	\$ -	\$ 1,051,248
Operating Expenses	\$ 64,433	\$ 32,403	\$ 10,101				\$ 106,937
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 717,620	\$ 360,895	\$ 79,771	\$ -	\$ -	\$ -	\$ 1,158,285
Indirect Expenses	\$ 86,114	\$ 43,308	\$ 9,573				\$ 138,995
Indirect %	12.0%	12.0%	12.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ -	\$ 1,297,281
						Employee Fringe Benefits %	See Next Page
BHS MENTAL HEALTH FUNDING SOURCES							
MH FED SDMC FFP (50%) CYF	\$ 286,496	\$ 128,777					\$ 415,273
MH STATE CYF 2011 PSR-EPSDT	\$ 183,566	\$ 21,875					\$ 205,441
MH Fed SDMC FFP (50%) Managed Care			\$ 4,200				\$ 4,200
MH STATE 2011 PSR Managed Care			\$ 55,800				\$ 55,800
MH MHA / PEI		\$ 53,854					\$ 53,854
MH STATE CYF 1991 Realignment	\$ 91,146	\$ 106,252					\$ 197,398
MH CYF COUNTY General Fund	\$ 142,526	\$ 93,445	\$ 29,344				\$ 265,315
MH CYF COUNTY General Fund (ERMHS)	\$ 100,000		\$ -				\$ 100,000
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ -	\$ 1,297,281
BHS SUBSTANCE ABUSE FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ -	\$ 1,297,281
NON-DPH FUNDING SOURCES							
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ -	\$ 1,297,281

Prepared By: Angela Tang, Director of Operations Phone Number: 415-800-0699

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

CS Legal Entity Name (MH)/Contractor Name (SA) 00343		Appendix #					B-1a
Provider Name Richmond Area Multi-Services, Ir		Page #					1
Provider Number 3894		Fiscal Year					2019-2020
		Funding Notification Date					07/01/19
Program Name	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient		
Program Code	38947	38947	38947	38947	38947		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion		
Funding Term (mm/dd/yyyy - mm/dd/yyyy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL	
FUNDING USES							
Salaries & Employee Benefits	6,245	584,524	35,437	130	26,850	653,187	
Operating Expenses	616	57,660	3,496	13	2,849	64,433	
Capital Expenses							
Subtotal Direct Expenses	6,861	642,184	38,933	143	29,499	717,619	
Indirect Expenses	823	77,062	4,672	17	3,540	86,114	
TOTAL FUNDING USES	7,684	719,246	43,605	160	33,039	803,734	
BHS MENTAL HEALTH FUNDING SOURCES							
	Accounting Code (Index Code or Detail)						
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	2,739	256,300	15,543	57	11,777	286,496
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	1,755	164,269	9,959	37	7,546	183,566
MH STATE CYF 1991 Realignment	251962-10000-10001670-0001	871	81,565	4,945	18	3,747	91,146
MH CYF COUNTY General Fund	251962-10000-10001670-0001	2,319	217,032	13,158	48	9,969	242,526
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		7,684	719,246	43,605	160	33,039	803,734
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	Accounting Code (Index Code or Detail)						
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	
OTHER DPH FUNDING SOURCES							
	Accounting Code (Index Code or Detail)						
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	
TOTAL DPH FUNDING SOURCES		7,684	719,246	43,605	160	33,039	803,734
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		7,684	719,246	43,605	160	33,039	803,734
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	2,815	203,752	6,678	31	415		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61		
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24		Total UDC	
Unduplicated Clients (UDC)	160	Included	Included	Included	Included	160	

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Entity Name (MH)/Contractor Name (SA) 00343		Provider Name Richmond Area Multi-Services, Inc.					Appendix #	B-1b
Provider Number 3894							Page #	1
							Fiscal Year	2019-2020
							Funding Notification Date	07/01/19
Program Name	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD		
Program Code	3894SD	3894SD	3894SD	3894SD	3894SD	3894SD		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	Admin Wk		
Funding Term (mm/dd/yyyy) - (mm/dd/yyyy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL	
FUNDING USES								
Salaries & Employee Benefits	2,175	225,903	3,149	172	53,326	43,767	328,492	
Operating Expenses	215	22,283	311	17	5,260	4,317	32,403	
Capital Expenses								
Subtotal Direct Expenses	2,390	248,186	3,459	189	58,586	48,084	360,895	
Indirect Expenses	287	29,782	415	23	7,030	5,771	43,308	
TOTAL FUNDING USES	2,677	277,969	3,874	211	65,617	53,855	404,203	
BHS MENTAL HEALTH FUNDING SOURCES								
Accounting Code (Index Code or Detail)								
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	1,211	125,718	1,752	96	-	128,777	
MH STATE CYF 2011 PSR-EPST	251962-10000-10001670-0001	208	21,355	298	16	-	21,875	
MH MHSA (PEI)	251984-17155-10031189-0020	0	-	0	0	53,855	53,854	
MH STATE CYF 1991 Reassignment	251962-10000-10001670-0001	999	103,728	1,446	79	-	108,252	
MH CYF COUNTY General Fund	251962-10000-10001670-0001	262	27,167	379	21	65,617	93,445	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	2,677	277,969	3,874	211	65,617	53,855	404,203	
BHS SUBSTANCE ABUSE FUNDING SOURCES								
Accounting Code (Index Code or Detail)								
This row left blank for funding sources not in drop-down list								
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-	
OTHER DPH FUNDING SOURCES								
Accounting Code (Index Code or Detail)								
This row left blank for funding sources not in drop-down list								
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-	
TOTAL DPH FUNDING SOURCES	2,677	277,969	3,874	211	65,617	53,855	404,203	
NON-DPH FUNDING SOURCES								
Accounting Code (Index Code or Detail)								
This row left blank for funding sources not in drop-down list								
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-	
FUNDING SOURCES (DPH AND NON-DPH)	2,677	277,969	3,874	211	65,617	53,855	404,203	
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased, if applicable								
SA Only - Non-Res 33 - ODF # of Group Sessions / classes								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	981	79,745	593	40	824	1,073		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour		1,073	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61	\$ 50.20		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61	\$ 50.20		
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61	\$ 50.20	Total UDC	
Unduplicated Clients (UDC)	120	Included	Included	Included	Included	Included	120	

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children Outpatient
 Program Code: 38947

Appendix #: B-1 a & b
 Page # 2
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

	TOTAL		General Fund (251962-10000-10001670-0001)		MHSA-PEI (251984-17156-10031199-0020)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.80	\$ 81,762	0.76	\$ 78,117	0.04	\$ 3,645				
Clinical Supervisor/Manager/Coordinator of S	0.43	\$ 32,250	0.41	\$ 30,812	0.02	\$ 1,438				
Child Psychiatrist/MD	0.06	\$ 22,880	0.05	\$ 21,860	0.00	\$ 1,020				
Behavioral Health Clinician/Counselor/Worke	9.60	\$ 528,044	9.17	\$ 504,502	0.43	\$ 23,542				
Intake Coordinator/Office Manager	0.30	\$ 15,436	0.29	\$ 14,748	0.01	\$ 688				
Admin Assistant/Receptionist	0.45	\$ 20,000	0.43	\$ 19,108	0.02	\$ 892				
Housekeeper/Janitor	0.20	\$ 5,824	0.19	\$ 5,564	0.01	\$ 260				
Quality Improvement Supervisor	0.50	\$ 37,500	0.48	\$ 35,828	0.02	\$ 1,672				
	0.00	\$ -								
	0.00	\$ -								
	0.00	\$ -								
	0.00	\$ -								
Totals:	12.34	\$ 743,696	11.79	\$ 710,539	0.55	\$ 33,157	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	32.00%	\$ 237,983	32.00%	\$ 227,373	32.00%	\$ 10,610	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 981,679		\$ 937,912		\$ 43,767		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children Outpatient
 Program Code: 38947

Appendix #: B-1 a & b
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	General Fund (251962-10000- 10001670-0001)	MHSA-PEI (251984-17156- 10031199-0020)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 53,500	\$ 51,115	\$ 2,385		
Utilities (telephone, electricity, water, gas)	\$ 10,250	\$ 9,793	\$ 457		
Building Repair/Maintenance	\$ 3,000	\$ 2,866	\$ 134		
Occupancy Total:	\$ 66,750	\$ 63,774	\$ 2,976	\$ -	\$ -
Office/Program Supplies	\$ 10,000	\$ 9,463	\$ 537		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ 10,000	\$ 9,463	\$ 537	\$ -	\$ -
Training/Staff Development	\$ 5,500	\$ 5,255	\$ 245		
Insurance	\$ 5,000	\$ 4,777	\$ 223		
Equipment Lease & Maintenance	\$ 3,000	\$ 2,866	\$ 134		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
General Operating Total:	\$ 13,500	\$ 12,898	\$ 602	\$ -	\$ -
Local Travel	\$ 500	\$ 478	\$ 22		
Out-of-Town Travel	\$ -	\$ -	\$ -		
Field Expenses	\$ -	\$ -	\$ -		
Staff Travel Total:	\$ 500	\$ 478	\$ 22	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -				
	\$ -				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -		
Recruitment/Direct Staff Expenses	\$ 4,086	\$ 3,904	\$ 182		
Translation Fees	\$ 2,000	\$ 1,911	\$ 89		
Other Total:	\$ 6,086	\$ 5,815	\$ 271	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 96,836	\$ 92,428	\$ 4,408	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDG)

Legal Entity Name (MH)/Contractor Name (SA) 00343		Appendix # B-2				
Provider Name Richmond Area Multi-Services, I		Page # 1				
Provider Number 3894		Fiscal Year 2019-2020				
		Funding Notification Date 07/01/19				
	Children Managed Care Outpatient	Children Managed Care Outpatient	Children Managed Care Outpatient	Children Managed Care Outpatient		
Program Name	3894MC	3894MC	3894MC	3894MC		
Program Code	15/01-09	15/10-57, 59	15/60-69	15/70-79		
Mode/SFC (MH) or Modality (SA)	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention		
Service Description	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL	
Funding Term (mm/dd/yy - mm/dd/yy)						
FUNDING USES						
Salaries & Employee Benefits	2,280	66,874	26	490	69,670	
Operating Expenses	331	9,898	4	71	10,101	
Capital Expenses					-	
Subtotal Direct Expenses	2,611	76,569	29	562	79,771	
Indirect Expenses	313	9,188	4	67	9,573	
TOTAL FUNDING USES	2,924	85,758	33	629	89,344	
BHS MENTAL HEALTH FUNDING SOURCE:	Accounting Code (Index Code or Detail)					
MH FED SDMC FFP (50%) Managed Care	251984-17128-10031195-0002	137	4,031	2	30	4,200
MH STATE 2001 FSR Managed Care	251984-17128-10031195-0002	1,828	53,560	21	393	55,800
MH CYP COUNTY General Fund	251982-10000-10001670-0001	960	28,166	11	207	29,344
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		2,924	85,758	33	629	89,344
BHS SUBSTANCE ABUSE FUNDING SOURCE:	Accounting Code (Index Code or Detail)					
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Accounting Code (Index Code or Detail)					
						-
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		2,924	85,758	33	629	89,344
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
FUNDING SOURCES (DPH AND NON-DPH)		2,924	85,758	33	629	89,344
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	1,071	24,294	5	120		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ -	
Published Rate (Medi-Cal Providers ONLY)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24		
Unduplicated Clients (UDC)	15	Included	Included	Included	15	

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children Managed Care Outpatient
 Program Code: 3894MC

Appendix #: B-2
 Page #: 2
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		Managed Care (251984-17128-10031195-0002)		MH CYF County General Fund (251962-1000-10001670-0001)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/18			07/01/18-06/30/19		07/01/18-06/30/19			
Behavioral Health Therapist/Counselor	1.00	\$ 52,780	0.67	\$ 35,445	0.33	\$ 17,334.98		
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	1.00	\$ 52,780	0.67	\$ 35,445	0.33	\$ 17,334.98	0.00	\$ -

Employee Fringe Benefits:	32.00%	\$ 16,890	32.00%	\$ 11,342	32.00%	\$ 5,547.19	0.00%	
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TOTAL SALARIES & BENEFITS		\$ 69,670		\$ 46,787		\$ 22,882		\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children Managed Care Outpatient

Program Code: 3894MC

Appendix #: B-2

Page #: 3

Fiscal Year: 2019-2020

Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	FFP Managed	MH CYF County	
		Car(251984-17128-10031195-0002)	General Fund (251962-1000-10001670-0001)	
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/18	07/01/18-06/30/19	07/01/18-06/30/19	
Rent	\$ 6,600	\$ 4,432	\$ 2,168	
Utilities(telephone, electricity, water, gas)	\$ 1,450	\$ 974	\$ 476	
Building Repair/Maintenance	\$ 135	\$ 91	\$ 44	
Occupancy Total:	\$ 8,185	\$ 5,497	\$ 2,688	\$ -
Office/Program Supplies	\$ 816	\$ 548	\$ 268	
	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
Materials & Supplies Total:	\$ 816	\$ 548	\$ 268	\$ -
Training/Staff Development	\$ 500	\$ 336	\$ 164	
Insurance	\$ 300	\$ 201	\$ 99	
Equipment Lease & Maintenance	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
General Operating Total:	\$ 800	\$ 537	\$ 263	\$ -
Local Travel	\$ -	\$ -		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -		
Recruitment/Direct Staff Expenses	\$ 300	\$ 201	\$ 99	
	\$ -	\$ -		
Other Total:	\$ 300	\$ 201	\$ 99	\$ -
TOTAL OPERATING EXPENSE	\$ 10,101	\$ 6,783	\$ 3,318	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Agency Name (MH)/Contractor Name (SA) 00343		Provider Name Richmond Area Multi-Services, Inc								Appendix #	B-3a
Provider Number 3894										Page #	1
										Fiscal Year	2019-2020
										Funding Notification Date	07/01/19
	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health		
Program Name	38946	38946	38946	38946	38946	38946	38946	38946	38946		
Program Code	15/01-09	15/10-57-59	15/60-69	15/70-79	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
Mode(SFC, MH) or Modality (SA)	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion						
Service Description											
Funding Term (mm/dd/yyyy) - (mm/dd/yyyy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL	
FUNDING USES											
Salaries & Employee Benefits	23,321	101,923	11,156	10,743	1,065,060	41,739	57,234	122,541	1,433,717		
Operating Expenses	1,054	4,607	504	485	48,139	1,774	2,587	5,648	64,799		
Capital Expenses											
Subtotal Direct Expenses	24,375	106,530	11,661	11,228	1,113,199	43,513	59,821	128,189	1,498,516		
Indirect Expenses	2,925	12,784	1,399	1,347	133,583	5,221	7,179	15,383	179,822		
TOTAL FUNDING USES	27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338		
BHS MENTAL HEALTH FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
MH FED SDMC FFP (50% CYF	251962-10000-10001670-0001	13,868	60,809	6,634	6,398				87,500		
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	13,432	58,705	6,426	6,188				84,750		
MH WO DCYF MH High School	251962-10002-10001799-0006					1,246,782			1,246,782		
MH MHA - CSS	251694-17156-10001199-0017							143,572	143,572		
MH CYF COUNTY WO COBD	251962-10000-10001670-0001						31,170		31,170		
MH WO DCYF Violence Prevention	251962-10002-10001799-0003							67,000	67,000		
MH CYF COUNTY General Fund	251962-10000-10001670-0001						17,564		17,564		
This row left blank for funding sources not in drop-down list											
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338	
BHS SUBSTANCE ABUSE FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
This row left blank for funding sources not in drop-down list											
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES											
OTHER DPH FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
This row left blank for funding sources not in drop-down list											
TOTAL OTHER DPH FUNDING SOURCES											
TOTAL DPH FUNDING SOURCES		27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338	
NON-DPH FUNDING SOURCES											
This row left blank for funding sources not in drop-down list											
TOTAL NON-DPH FUNDING SOURCES											
G SOURCES (DPH AND NON-DPH)		27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338	
BHS UNITS OF SERVICE AND UNIT COST											
Number of Beds Purchased (if applicable)											
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)											
LI - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program											
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)			
DPH Units of Service	10,000	33,800	2,000	2,400	9,244	361	497	1,065			
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 134.87	\$ 134.87	\$ 134.87	\$ 134.87			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 134.87	\$ 134.87	\$ 134.87	\$ 134.87			
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24							
Unduplicated Clients (UDC)	25	Included	Included	Included	1,070	Included	Included	130		1,225	

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children-Wellness Center Mental Health
 Program Code: 38946

Appendix #: B-3a
 Page #: 2
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Position Title	TOTAL		MH Fed SDMC FFP CYF; MH State CYF (251962-10000- 10001670-0001)		DCYF WO (251962-10002-10001799- 0006)		MHSA-CSS (251984-17156- 10031199-0017)		MH CYF County General Fund (251962-10000- 10001670-0001)		DCYF WO Violence Prevention (251962- 10002-10001799-0003)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.79	\$ 76,189	0.08	\$ 7,819	0.59	\$ 56,598	0.07	\$ 6,518	0.02	\$ 2,213	0.03	\$ 3,041
Clinical Supervisor	0.68	\$ 50,657	0.07	\$ 5,199	0.51	\$ 37,631	0.06	\$ 4,333	0.02	\$ 1,472	0.03	\$ 2,022
Child Psychiatrist/MD	0.04	\$ 17,561	0.00	\$ 1,802	0.03	\$ 13,045	0.00	\$ 1,502	0.00	\$ 511	0.00	\$ 701
Behavioral Health Counselor/Therapist	13.51	\$ 810,515	1.39	\$ 83,184	10.04	\$ 602,106	1.16	\$ 69,254	0.39	\$ 23,616	0.54	\$ 32,356
Program Coordinator	0.42	\$ 28,706	0.04	\$ 2,946	0.31	\$ 21,325	0.04	\$ 2,456	0.01	\$ 833	0.02	\$ 1,146
Senior Clinical Case Manager	0.84	\$ 64,034	0.09	\$ 5,548	0.62	\$ 40,140	0.07	\$ 4,622	0.02	\$ 1,569	0.03	\$ 2,157
Clinical Case Manager	0.84	\$ 48,969	0.09	\$ 5,026	0.62	\$ 36,377	0.07	\$ 4,189	0.02	\$ 1,422	0.03	\$ 1,955
Office Manager	0.08	\$ 3,910	0.01	\$ 401	0.06	\$ 2,905	0.01	\$ 334	0.00	\$ 114	0.00	\$ 156
Admin Assistant	0.38	\$ 12,317	0.04	\$ 1,264	0.28	\$ 9,150	0.03	\$ 1,054	0.01	\$ 357	0.02	\$ 492
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	17.58	\$ 1,102,859	1.80	\$ 113,187	13.06	\$ 819,277	1.50	\$ 94,262	0.51	\$ 32,107	0.70	\$ 44,026
Employee Fringe Benefits:	30.00%	\$ 330,858	30.00%	\$ 33,956	30.00%	\$ 245,783	30.00%	\$ 28,279	30.00%	\$ 9,632	30.00%	\$ 13,208
TOTAL SALARIES & BENEFITS		\$ 1,433,717		\$ 147,143		\$ 1,065,060		\$ 122,541		\$ 41,739		\$ 57,234

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children-Wellness Center Mental Health
 Program Code: 38946

Appendix #: B-3a
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

0	TOTAL	MH Fed SDMC FFP	DCYF WO	MHSA-CSS	MH CYF County	DCYF WO Violence	Accounting Code 6 (Index Code or Detail)
		CYF; MH State CYF (251962-10000-10001670-0001)	(251962-10002-10001799-0006)	(251984-17156-10031199-0017)	General Fund (251962-10000-10001670-0001)	Prevention (251962-10002-10001799-0003)	
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/16-06/30/17	07/01/16-06/30/18	
Rent	\$ 18,574	\$ 1,906	\$ 13,798	\$ 1,664	\$ 465	\$ 741	
Utilities (telephone, electricity, water, gas)	\$ 5,234	\$ 537	\$ 3,888	\$ 478	\$ 122	\$ 209	
Building Repair/Maintenance	\$ 4,221	\$ 433	\$ 3,136	\$ 361	\$ 122	\$ 169	
Occupancy Total:	\$ 28,029	\$ 2,876	\$ 20,822	\$ 2,503	\$ 709	\$ 1,119	\$ -
Office/Program Supplies	\$ 13,179	\$ 1,355	\$ 9,790	\$ 1,127	\$ 381	\$ 526	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 13,179	\$ 1,355	\$ 9,790	\$ 1,127	\$ 381	\$ 526	\$ -
Training/Staff Development	\$ 2,533	\$ 260	\$ 1,882	\$ 217	\$ 73	\$ 101	
Insurance	\$ 6,332	\$ 650	\$ 4,704	\$ 542	\$ 183	\$ 253	
Equipment Lease & Maintenance	\$ 929	\$ 95	\$ 690	\$ 79	\$ 28	\$ 37	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
General Operating Total:	\$ 9,794	\$ 1,005	\$ 7,276	\$ 838	\$ 284	\$ 391	\$ -
Local Travel	\$ 4,221	\$ 433	\$ 3,136	\$ 361	\$ 122	\$ 169	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 4,221	\$ 433	\$ 3,136	\$ 361	\$ 122	\$ 169	\$ -
Contractor for Supervision: Robert Solley, Ph.D. (\$50/hour), for 38 weeks	\$ 1,596	\$ 164	\$ 1,186	\$ 137	\$ 45	\$ 64	
(add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Consultant/Subcontractor Total:	\$ 1,596	\$ 164	\$ 1,186	\$ 137	\$ 45	\$ 64	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Recruitment/Direct Staff Expenses	\$ 5,488	\$ 563	\$ 4,077	\$ 469	\$ 160	\$ 219	
Client-Related Food	\$ 1,689	\$ 173	\$ 1,255	\$ 144	\$ 50	\$ 67	
Client-Related Other Activities	\$ 803	\$ 82	\$ 597	\$ 69	\$ 23	\$ 32	
Other Total:	\$ 7,980	\$ 818	\$ 5,929	\$ 682	\$ 233	\$ 318	\$ -
TOTAL OPERATING EXPENSE	\$ 64,799	\$ 6,651	\$ 48,139	\$ 5,648	\$ 1,774	\$ 2,587	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00343		Appendix # B-3b		
Provider Name Richmond Area Multi-Services, Inc.		Page # 1		
Provider Number 388915		Fiscal Year 2019-2020		
		Funding Notification Data 07/01/19		
Program Name	Children-Wellness Center Substance Abuse	Children-Wellness Center Substance Abuse	Wellness Center Substance Abuse	
Program Code	38946	38946	38946	
Mode/SFC (MH) or Modality (SA)	SecPrev-19	SecPrev-19	SecPrev-19	
Service Description	SA-Sec Prev Outreach	SA-Sec Prev Outreach	SA-Sec Prev Outreach	
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL
FUNDING USES				
Salaries & Employee Benefits	147,927	88,305	28,189	264,421
Operating Expenses	6,886	3,991	1,275	11,952
Capital Expenses				
Subtotal Direct Expenses	154,813	92,296	29,464	276,573
Indirect Expenses	18,553	11,075	3,536	33,164
TOTAL FUNDING USES	173,166	103,371	33,000	309,537
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)			
This row left blank for funding sources not in drop-down list				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES				
BHS SUBSTANCE ABUSE FUNDING SOURCES	Accounting Code (Index Code or Detail)			
SA COUNTY - General Fund	240646-10000-10001681-0003	173,166		173,166
SA WG - DCYF Wellness Centers	240646-10002-10001973-0001		103,371	103,371
DCYF Joint Violence Prevention Initiative Work Order	240646-10002-10001973-0002			33,000
This row left blank for funding sources not in drop-down list				
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		173,166	103,371	33,000
OTHER DPH FUNDING SOURCES	Accounting Code (Index Code or Detail)			
This row left blank for funding sources not in drop-down list				
TOTAL OTHER DPH FUNDING SOURCES				
TOTAL DPH FUNDING SOURCES		173,166	103,371	33,000
NON-DPH FUNDING SOURCES				
This row left blank for funding sources not in drop-down list				
TOTAL NON-DPH FUNDING SOURCES				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		173,166	103,371	33,000
BHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased (if applicable)				
SA Only - Non-Res 33 - ODF # of Group Sessions / classes				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	355	212	68	
Unit Type	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 488.00	\$ 488.00	\$ 488.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 488.00	\$ 488.00	\$ 488.00	
Published Rate (Medi-Cal Providers Only)				
Unduplicated Clients (UDC)	200	Included	Included	Total UDC 200

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children-Wellness Center Substance Abuse
 Program Code: 38946

Appendix #: B-3b
 Page #: 2
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		General Fund (240646-10000-10001681-0003)		DCYF WO (240646-10002-10001973-0001)		DCYF WO Violence Prevention (240646-10002-10001973-0002)		Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)	
	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	Salaries	FTE	Salaries
Director	0.15	\$ 14,051	0.08	\$ 7,861	0.05	\$ 4,692	0.02	\$ 1,498			
Clinical Supervisor	0.12	\$ 9,343	0.07	\$ 5,227	0.04	\$ 3,120	0.01	\$ 996			
Child Psychiatrist/MD	0.01	\$ 3,239	0.01	\$ 1,812	0.00	\$ 1,082	0.00	\$ 345			
Behavioral Health Counselor/Therapist	2.49	\$ 149,484	1.39	\$ 83,627	0.83	\$ 49,921	0.27	\$ 15,937			
Program Coordinator	0.08	\$ 5,294	0.04	\$ 2,962	0.03	\$ 1,768	0.01	\$ 564			
Senior Clinical Case Manager	0.16	\$ 9,966	0.09	\$ 5,575	0.05	\$ 3,328	0.02	\$ 1,062			
Clinical Case Manager	0.16	\$ 9,031	0.09	\$ 5,052	0.05	\$ 3,016	0.02	\$ 963			
Office Manager	0.01	\$ 721	0.01	\$ 403	0.00	\$ 241	0.00	\$ 77			
Admin Assistant	0.07	\$ 2,272	0.04	\$ 1,271	0.02	\$ 759	0.01	\$ 242			
	0.00	\$ -									
	0.00	\$ -									
	0.00	\$ -									
Totals:	3.25	\$ 203,401	1.82	\$ 113,790	1.09	\$ 67,927	0.35	\$ 21,684	\$ -	0.00	\$ -
Employee Fringe Benefits:	30.00%	\$ 61,020	30.00%	\$ 34,137	30.00%	\$ 20,378	30.00%	\$ 6,505		0.00%	
TOTAL SALARIES & BENEFITS		\$ 264,421		\$ 147,927		\$ 88,305		\$ 28,189	\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children-Wellness Center Substance Abuse
 Program Code: 38946

Appendix #: B-3b
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	General Fund (240646-10000-10001681-0003)	DCYF WO (240646-10002-10001973-0001)	DCYF WO Violence Prevention (240646-10002-10001973-	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 3,701	\$ 2,070	\$ 1,236	\$ 395		
Utilities (telephone, electricity, water, gas)	\$ 965	\$ 540	\$ 322	\$ 103		
Building Repair/Maintenance	\$ 779	\$ 436	\$ 260	\$ 83		
Occupancy Total:	\$ 5,445	\$ 3,046	\$ 1,818	\$ 581	\$ -	\$ -
Office/Program Supplies	\$ 2,146	\$ 1,201	\$ 717	\$ 229		
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Materials & Supplies Total:	\$ 2,146	\$ 1,201	\$ 717	\$ 229	\$ -	\$ -
Training/Staff Development	\$ 467	\$ 261	\$ 156	\$ 50		
Insurance	\$ 1,168	\$ 653	\$ 390	\$ 125		
Equipment Lease & Maintenance	\$ 171	\$ 96	\$ 57	\$ 18		
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
General Operating Total:	\$ 1,806	\$ 1,010	\$ 603	\$ 193	\$ -	\$ -
Local Travel	\$ 779	\$ 436	\$ 260	\$ 83		
Out-of-Town Travel	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -			
Staff Travel Total:	\$ 779	\$ 436	\$ 260	\$ 83	\$ -	\$ -
Contractor for Supervision: Robert Solley, Ph.D. (\$50/hour), for 38 weeks	\$ 304	\$ 170	\$ 102	\$ 32		
(add more Consultant/Subcontractor lines as necessary)	\$ -					
Consultant/Subcontractor Total:	\$ 304	\$ 170	\$ 102	\$ 32	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -			
Recruitment/Direct Staff Expenses	\$ 1,012	\$ 566	\$ 338	\$ 108		
Client-Related Food	\$ 311	\$ 174	\$ 104	\$ 33		
Client-Related Other Activities	\$ 148	\$ 83	\$ 49	\$ 16		
Other Total:	\$ 1,471	\$ 823	\$ 491	\$ 157	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 11,951	\$ 6,686	\$ 3,991	\$ 1,275	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name (SA) 00343		Appendix # B-3c	
Provider Name Richmond Area Multi-Services, Inc		Page # 1	
Provider Number 3894		Fiscal Year 2019-2020	
Funding Notification Date		07/01/19	
Program Name	MHSA PEI - School-Based Wellness		
Program Code	3894		
Mode/SFC (MH) or Modality (SA)	45/10-19 OS-MH		
Service Description	Promotion		
Funding Term (mm/dd/yyyy - mm/dd/yyyy)	07/01/19-06/30/19		TOTAL
FUNDING USES			
Salaries & Employee Benefits	278,140		278,140
Operating Expenses	9,001		9,001
Capital Expenses			-
Subtotal Direct Expenses	287,141	-	287,141
Indirect Expenses	34,458		34,458
TOTAL FUNDING USES	321,599	-	321,599
BHS MENTAL HEALTH	Accounting Code (Index Code or Detail)		
MH MHSA (PEI)	251984-17156-100311199-0020	321,599	321,599
			-
			-
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		321,599	-
BHS SUBSTANCE ABUSE	Accounting Code (Index Code or Detail)		
			-
			-
This row left blank for funding sources not in drop-down list			
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-
OTHER DPH FUNDING	Accounting Code (Index Code or Detail)		
			-
This row left blank for funding sources not in drop-down list			
TOTAL OTHER DPH FUNDING SOURCES		-	-
TOTAL DPH FUNDING SOURCES		321,599	-
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			
TOTAL NON-DPH FUNDING SOURCES		-	-
(DPH AND NON-DPH)		321,599	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
A Only - Non-Res 33 - ODF # of Group Sessions (classes)			
C Capacity for Medi-Cal Provider with Narcotic Tx Program			
Payment Method	Fee-For-Service (FFS)		
DPH Units of Service	1,892		
Unit Type	Staff Hour	0	
Est Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 170.00	\$ -	
- Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 170.00	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)			275

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: MHSA PEI - School-Based Wellness
 Program Code: 3894

Appendix #: B-3c
 Page #: 2
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		MHSA-PEI (251984-17156- 100311199-0020)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.06	\$ 5,760	0.06	\$ 5,760				
Clinical Supervisor	0.10	\$ 7,500	0.10	\$ 7,500				
Child Psychiatrist/MD	0.03	\$ 12,480	0.03	\$ 12,480				
Behavioral Health Counselor/Therapist	1.00	\$ 64,000	1.00	\$ 64,000				
Clinical Case Manager	1.00	\$ 58,000	1.00	\$ 58,000				
Trauma/Grief & Loss Group Therapist/Counselor	1.00	\$ 63,000	1.00	\$ 63,000				
Office Manager	0.06	\$ 3,214	0.06	\$ 3,214				
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	3.25	\$ 213,954	3.25	\$ 213,954	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	30.00%	\$ 64,186	30.00%	\$ 64,186	0.00%		0.00%	
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TOTAL SALARIES & BENEFITS	\$ 278,140	\$ 278,140	\$ -	\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: MHSA PEI - School-Based Wellness
 Program Code: 3894

Appendix #: B-3c
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	MHSA-PEI (251984-17156- 100311199-0020)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 435	\$ 435		
Utilities (telephone, electricity, water, gas)	\$ 2,188	\$ 2,188		
Building Repair/Maintenance	\$ 2,050	\$ 2,050		
Occupancy Total:	\$ 4,673	\$ 4,673	\$ -	\$ -
Office/Program Supplies	\$ 180	\$ 180		
	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
Materials & Supplies Total:	\$ 180	\$ 180	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 800	\$ 800		
Equipment Lease & Maintenance	\$ 20	\$ 20		
	\$ -	\$ -		
	\$ -	\$ -		
General Operating Total:	\$ 1,320	\$ 1,320	\$ -	\$ -
Local Travel	\$ 379	\$ 379		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
	\$ -	\$ -		
Staff Travel Total:	\$ 379.00	\$ 379.00	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -		
Recruitment/Direct Staff Expenses	\$ 900	\$ 900		
Client-Related Food	\$ 1,500	\$ 1,500		
Client-Related Other Activities	\$ 49	\$ 49		
Other Total:	\$ 2,449	\$ 2,449	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 9,001	\$ 9,001	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Appendix # B-4														
Page # 1														
Fiscal Year 2019-2020														
Notification Date 07/01/19														
Entity Name (MH)/Contractor Name (SA) -DPH 1 - B1 B2 Budget Summary 1B2	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)							
Provider Name: Richmond Area Multi-Services, Inc.	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	
Provider Number: 3894	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Program Name	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Lnkage	Outreach Svcs Consultant Trn/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Services Group (5% Cap)	TOTAL	
Model/SFC/MH or Modality (SA)	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	07/01/18-05/30/19	
FUNDING USES													TOTAL	
Salaries & Employee Benefits	148,852	79,222	467,563	18,708	95,724	108,804	88,737	10,751	10,751	12,287	10,809	10,751	11,141	
Operation Expenses	10,763	5,690	33,584	1,200	6,875	7,456	8,374	772	772	3,242	772	772	802	
Capital Expenses														
Subtotal Direct Expenses	160,615	84,912	501,147	17,908	102,599	116,260	97,111	11,523	11,523	15,529	11,586	11,523	11,943	
Indirect Expenses	19,274	10,190	60,138	2,149	12,312	13,351	11,473	1,383	1,383	2,225	1,383	1,383	1,431	
TOTAL FUNDING USES	179,889	95,102	561,285	20,055	114,911	129,611	108,584	12,906	12,906	20,754	12,976	12,906	13,374	
BHS MENTAL HEALTH FUNDING SOURCES													TOTAL	
MH WO HSA DMSF CH DHS Childcare	251962-10002-10001693-0001	56,119	21,067	154,463	3,486	31,556	35,142	28,000	3,486	3,486	3,486	3,551	3,486	3,551
MH WO DCYF Child Care	251962-10002-10001799-0007	25,355	4,797	87,322	1,566	11,052	9,486	7,930	1,566	1,566	1,566	1,626	1,566	1,726
MH WO HSA MH ECE/PFA	251962-10002-10001693-0008	88,065	56,614	270,603	12,581	44,033	56,614	56,614	6,250	6,250	12,581	6,250	6,486	629,323
MH WO CFC School Readiness	251962-10002-10001693-0003	7,209	8,238	26,587	1,030	19,480	13,387	10,298	1,030	987	1,030	987	1,030	102,741
MH MSA / PEI	251962-17156-10001109-0020	2,574	4,291	10,211	1,287	8,498	9,783	3,431	429	429	429	429	429	42,603
MH CYF COUNTY WO CODES	251962-10000-10001670-0001	567	95	1,699	95	284	189	189	95	95	95	121	95	3,832
This row left blank for funding sources not in drop-down list														
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	179,889	95,102	561,285	20,055	114,911	124,611	108,524	12,906	12,906	20,764	12,976	12,906	13,374	
BHS SUBSTANCE ABUSE FUNDING SOURCES													TOTAL	
This row left blank for funding sources not in drop-down list														
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-							
OTHER DPH FUNDING SOURCES													TOTAL	
This row left blank for funding sources not in drop-down list														
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-							
TOTAL DPH FUNDING SOURCES	179,889	95,102	561,285	20,055	114,911	124,611	108,524	12,906	12,906	20,764	12,976	12,906	13,374	
NON-DPH FUNDING SOURCES													TOTAL	
This row left blank for funding sources not in drop-down list														
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-							
FUNDING SOURCES (DPH AND NON-DPH)	179,889	95,102	561,285	20,055	114,911	124,611	108,524	12,906	12,906	20,764	12,976	12,906	13,374	
BHS UNITS OF SERVICE AND UNIT COST													TOTAL UDC	
Number of Beds Purchased (if applicable)														
SA Only - Non-Res 33 - ODF # of Group Sessions (if applicable)														
SA Only - Licensed Counselor for Med-Cal Provider with Narcotic Tx Program														
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)							
DPH Units of Service	1,894	1,001	5,908	211	1,210	1,312	1,121	136	136	219	106	136	111	
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour							
Cost Per Unit - DPH Rate: DPH FUNDING SOURCES Only	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 95.00	\$ 120.00	
Cost Per Unit - Contract Rate: DPH & Non-DPH FUNDING SOURCES	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 95.00	\$ 120.00	
Published Rate: Medi-Cal Providers Contract														
Under-Utilized Clients (UDC)	3,198	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: High Quality Childcare Initiative (Fu Yau)
 Program Code: 3894

Appendix #: B-4
 Page #: 2
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd)	TOTAL		HSA (251962-10002-10001803-0001)		DCYF - WO (251962-10002-10001799-0007)		SFCFC - PFA (251962-10002-10001803-0008)		SFCFC - SRI (251962-10002-10001800-003)		MHSA (251964-17156-10031199-0020)		General Fund (251962-10000-10001670-0001)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/19														
Director	0.10	\$ 10,176	0.03	\$ 2,773	0.01	\$ 1,254	0.05	\$ 4,971	0.01	\$ 812	0.00	\$ 337	0.00	\$ 29
Clinical Manager	0.50	\$ 37,500	0.14	\$ 10,218	0.06	\$ 4,620	0.24	\$ 18,320	0.04	\$ 2,991	0.02	\$ 1,240	0.00	\$ 111
Clinical Supervisor	0.23	\$ 29,422	0.06	\$ 8,017	0.03	\$ 3,625	0.11	\$ 14,373	0.02	\$ 2,347	0.01	\$ 973	0.00	\$ 87
Mental Health Consultant	11.66	\$ 699,831	3.18	\$ 180,683	1.44	\$ 86,222	5.70	\$ 341,885	0.93	\$ 55,815	0.39	\$ 23,144	0.03	\$ 2,082
Administrative Assistant	1.20	\$ 48,539	0.33	\$ 13,225	0.15	\$ 5,980	0.59	\$ 23,713	0.10	\$ 3,871	0.04	\$ 1,605	0.00	\$ 145
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	13.69	\$ 825,468	3.73	\$ 224,916	1.69	\$ 101,701	8.69	\$ 403,262	1.09	\$ 65,838	0.45	\$ 27,299	0.04	\$ 2,454
Employee Fringe Benefits:	30.00%	\$ 247,640	30.00%	\$ 67,475	30.00%	\$ 30,510	30.00%	\$ 120,978	30.00%	\$ 19,751	30.00%	\$ 8,190	30.00%	\$ 736
TOTAL SALARIES & BENEFITS		\$ 1,073,108		\$ 292,391		\$ 132,211		\$ 524,241		\$ 85,587		\$ 35,489		\$ 3,191

PH 4: Operating Expenses Detail

Program Name: High Quality Childcare Initiative (Fu Yau)
 Program Code: 3894

Appendix #: B-4

Page #: 3

Fiscal Year: 2019-2020

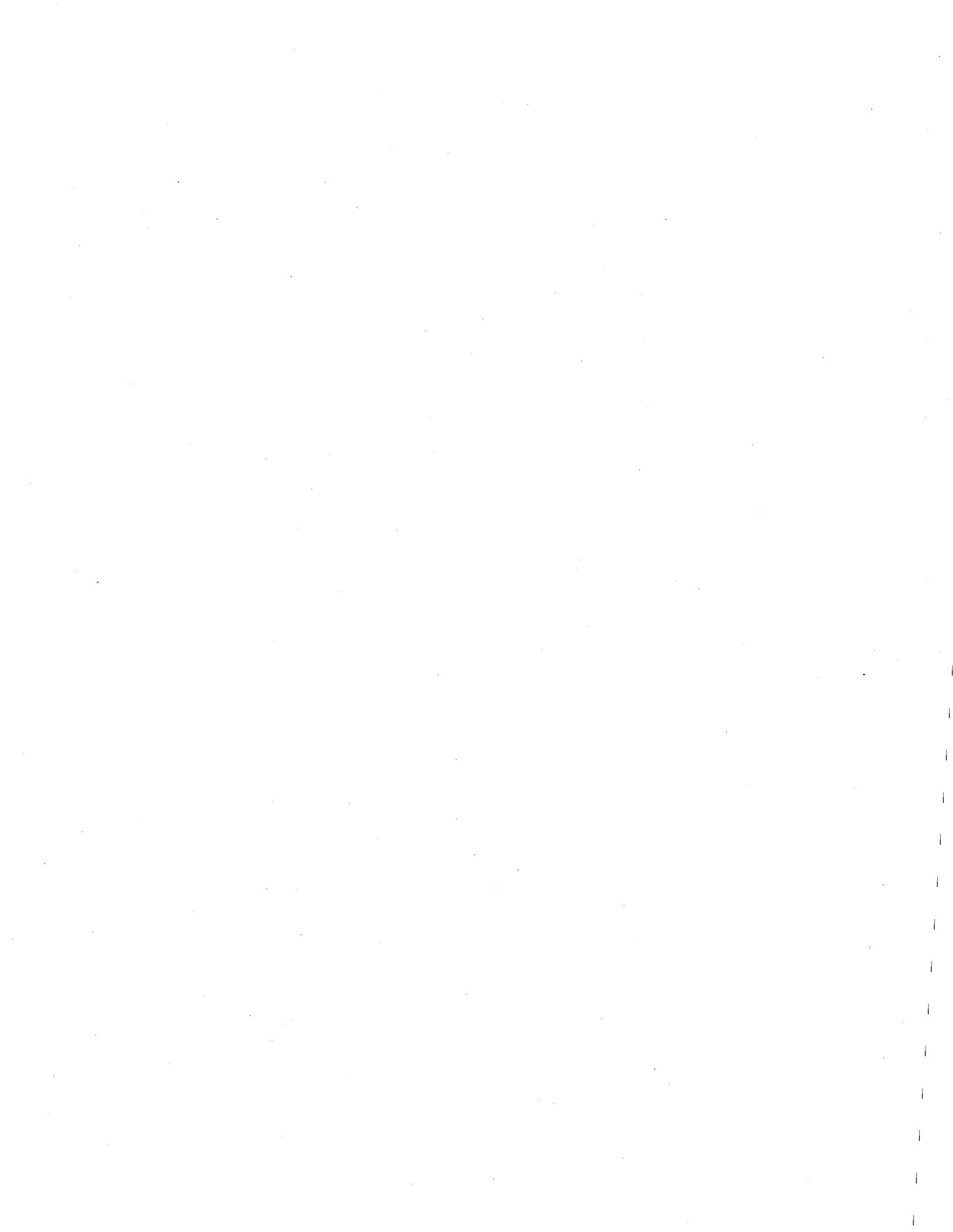
Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	HSA	DCYF - WO	SFCFC - PFA	SFCFC - SRI	MHSA	General Fund	
		(251962-10002-10001803-0001)	(251962-10002-10001799-0007)	(251962-10002-10001803-0008)	(251962-10002-10001800-003)	(251984-17156-10031199-0020)	(251962-10000-10001670-0001)	
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	
Rent	\$ 23,280	\$ 6,343	\$ 2,888	\$ 11,373	\$ 1,857	\$ 770	\$ 69	
Utilities (telephone, electricity, water, gas)	\$ 15,000	\$ 4,087	\$ 1,848	\$ 7,328	\$ 1,196	\$ 498	\$ 45	
Building Repair/Maintenance	\$ 500	\$ 136	\$ 62	\$ 244	\$ 40	\$ 17	\$ 1	
Occupancy Total:	\$ 38,780	\$ 10,566	\$ 4,778	\$ 18,945	\$ 3,093	\$ 1,283	\$ 115	
Office/Program Supplies	\$ 1,500	\$ 409	\$ 185	\$ 733	\$ 120	\$ 50	\$ 3	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 1,500	\$ 409	\$ 185	\$ 733	\$ 120	\$ 50	\$ 3	
Training/Staff Development	\$ 2,500	\$ 681	\$ 308	\$ 1,221	\$ 199	\$ 83	\$ 8	
Insurance	\$ 4,600	\$ 1,253	\$ 567	\$ 2,247	\$ 367	\$ 152	\$ 14	
Equipment Lease & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
General Operating Total:	\$ 7,100	\$ 1,934	\$ 875	\$ 3,468	\$ 566	\$ 235	\$ 22	
Local Travel	\$ 6,000	\$ 1,635	\$ 739	\$ 2,931	\$ 479	\$ 198	\$ 18	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 6,000	\$ 1,635	\$ 739	\$ 2,931	\$ 479	\$ 198	\$ 18	
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -							
Contractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Recruitment/Direct Staff Expenses	\$ 19,500	\$ 5,313	\$ 2,402	\$ 9,526	\$ 1,555	\$ 645	\$ 59	
Client-Related Food	\$ 3,000	\$ 817	\$ 370	\$ 1,466	\$ 239	\$ 99	\$ 9	
Client-Related Other Activities	\$ 1,200	\$ 327	\$ 148	\$ 586	\$ 96	\$ 40	\$ 3	
Other Total:	\$ 23,700	\$ 6,457	\$ 2,920	\$ 11,578	\$ 1,890	\$ 784	\$ 71	
TOTAL OPERATING EXPENSE	\$ 77,080	\$ 21,001	\$ 9,497	\$ 37,655	\$ 6,148	\$ 2,550	\$ 229	

Appendix E
RAMS (Children), ID#1000010839

Appendix E

HIPAA Business Associate Agreement



APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

This Business Associate Agreement ("BAA") supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity ("CE"), and Contractor, the Business Associate ("BA") (the "Agreement"). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health ("SFDPH"), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. Breach means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304

n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. **Attestations.** Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. **User Training.** The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

c. **Permitted Uses.** BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

d. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

j. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

c. **Effect of Termination.** Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. **Amendment to Comply with Law.**

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

APPENDIX E



**San Francisco Department of Public Health
Business Associate Agreement**

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

**Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040**

Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195
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PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...					Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?					
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?					
	If yes:	Name & Title:	Phone #	Email:		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]					
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]					
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?					
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?					

II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...					Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?					
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)					
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?					
J	Document each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations?					
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?					

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date
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IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date
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Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195
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DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...				Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]				
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?				
	Date of last Data Security Risk Assessment/Audit:				
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:				
C	Have a formal Data Security Awareness Program?				
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?				
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?				
	If yes:	Name & Title:	Phone #	Email:	
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.]				
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]				
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?				
I	Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?				

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)	Signature	Date
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III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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AGENCY CUSTOMER ID: RICHARE-01

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Richmond Area Multi Services 4355 Geary Blvd., #101 San Francisco, CA 94118	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 26 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy: CRIME
Policy#: MPL576139702
Carrier: Zurich American Insurance Company
Policy Term: 7/1/2019 TO 7/1/2020
Employee Theft: Limit: \$4,000,000 / Deductible: \$7,500
Forgery or alteration: Limit: \$4,000,000 / Deductible: \$7,500
Theft of money and securities: Limit: \$2,300,000 / Deductible: \$7,500
Computer Fraud: Limit: \$1,000,000 / Deductible: \$7,500
Funds transfer fraud: Limit: \$1,000,000 / Deductible: \$7,500

Policy: Directors & Officers Liability
Policy#: OPS1685547
Carrier: Philadelphia Indemnity Insurance Company
Policy Term: 7/1/2019 TO 7/1/2020
Per Claim: \$3,000,000 / Aggregate: \$3,000,000 / Retention: \$10,000

Policy: Cyber Liability
Policy#: RPSP50154305M
Carrier: BCS Insurance Company
Policy Term: 7/1/2019 TO 7/1/2020
Limit: \$3,000,000 / Aggregate: \$3,000,000 / Retention: \$5,000

City & County of San Francisco, its Officers, Agents & Employees named as additional insured under General Liability and Automobile Liability but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insurance available to the additional insureds with respect to any claims arising out of the agreement. Insurance applies separate to each insured. Waiver of Subrogation for Workers Compensation applies in favor of certificate holder. Endorsement to Follow

POLICY NUMBER: OPB1585547

COMMERCIAL GENERAL LIABILITY

NAMED INSURED: Richmond Area Multi Services

CG 20 28 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE**

Name of Additional Insured Person(s) or Organization(s)

City & County of San Francisco its officers, agents and employees
Re: As Per Contract or Agreement on File with Insured
1380 Howard St
San Francisco, CA, 94103

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. in the performance of your ongoing operations;
- or
- B. in connection with your premises owned by or rented to you.

POLICY NUMBER: HHN862534513

NAMED INSURED: Richmond Area Multi Services

COMMERCIAL AUTO
CA 83 07 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 07/01/2019	Countersigned By:
Named Insured: RICHMOND AREA MULTI SERVICES	(Authorized Representative)

SCHEDULE

Name and Address of Additional Insured:

City & County of San Francisco its officers, agents and employees Re: As Per Contract or Agreement on File with Insured

1380 Howard St , San Francisco, CA, 94103

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. SECTION II - Who Is An Insured is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their legal liability for acts or omissions of a person for whom Liability Coverage is afforded under this policy.
- B. The additional insured named in the Schedule or Declarations is not required to pay for any premiums stated in the policy or earned from the policy. Any return premium and any dividend, if applicable, declared by us shall be paid to you.
- C. You are authorized to act for the additional insured named in the Schedule or Declarations in all matters pertaining to this insurance.
- D. We will mail the additional insured named in the Schedule or Declarations notice of any cancellation of this policy. If we cancel, we will give ten (10) days notice to the additional insured.
- E. The additional insured named in the Schedule or Declarations will retain any right of recovery as a claimant under this policy.

THIS ENDORSEMENT MUST BE ATTACHED TO A CHANGE ENDORSEMENT WHEN ISSUED AFTER THE POLICY IS WRITTEN.

CA 83 07 10 13

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Page 1 of 1



QUALITY COMP

Workers' Compensation Solutions

RE: Quality Comp, Inc.—Self-Insured Workers' Compensation Group

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with Safety National Casualty Corporation. Safety National is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California (NAIC #15105). The company is rated "A+" Category "XV" by A.M. Best & Company.

Specific Excess Insurance

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000
Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2020
Expiration: January 1, 2021

Please contact me if you have any questions or require additional information. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Harris".

Jacqueline Harris
Director of Underwriting
RPS Monument

STATE OF CALIFORNIA

Govin Newsom, Governor

DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF SELF-INSURANCE PLANS
11050 Olson Drive, Suite 230
Rancho Cordova, CA 95670
Phone No. (916) 464-7000
FAX (916) 464-7007



CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-insure No. 4515 was issued by the Director of Industrial Relations to:

Quality Comp, Inc.

under the provisions of Section 3700, Labor Code of California with an effective date of December 1, 2004. The certificate is currently in full force and effective.

Dated at Sacramento, California
This day the 05th of December 2019

A handwritten signature in black ink, appearing to read "Lyn Asio Booz".

Lyn Asio Booz, Chief

ORIG: Jackie Harris
Director Of Underwriting
Mountain Insurance Services
255 Great Valley Pkwy, Ste 200
Malvern, Pa. 19355

NUMBER: 4515 - 0059

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That

Richmond Area Multi-Services, Inc.

(Name of Affiliate)

STATE OF INCORPORATION CA

Quality Comp, Inc.

(Master Certificate Holder)

STATE OF INCORPORATION CA

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3760 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure, holder of Master Certificate No. 4515.

This certificate may be revoked at any time for good cause shown.*

EFFECTIVE DATE: July 1, 2014

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA



Jon Wroten, Chief



Christine Baker, Director

*Revocation of Certificate. - A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in charge of the administration of obligations, under the this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due, (b) Discharging his compensation obligations in a dishonest manner, (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him. (Section 3702 of Labor Code.) The Certificate may be revoked for non-compliance with Title 8, California Administrative Code, Group 2 - Administration of Self-Insurance



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM January 1, 2020, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Richmond Area Multi-Services, Inc.

By Quality Comp, Inc.

The Program has the right to recover our payments from anyone liable for an injury covered by this employer. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this change shall be \$250.00.

Schedule

Person or Organization

City & County of San Francisco
Dept of Public Health/Behavioral Health Services
1380 Howard Street
San Francisco, CA 94103

Job Description

Administrative employees and behavioral health/vocational rehab/peer counselors

Countersigned by

Vicki Eberwein, Program Administrator, Authorized Representative



RE: Approval request: Workers Compensation Waiver Endorsement - Re: "Subrogation" for contractor of RAMS - Self Insured

Fitzgerald, Elizabeth (ADM)

Mon 9/9/2019 2:50 PM

To: Ling, Ada (DPH) <Ada.Ling@sfdph.org>

Hi Ada,

Waiver of Subrogation Endorsement for the Workers' Compensation policy provided by Quality Comp is acceptable.

Thanks,

Elizabeth Fitzgerald, Sr. Risk Analyst
Risk Management Division
25 Van Ness Avenue, Suite 750
San Francisco, CA 94102
415-554-2303 Direct
415-554-2300 Main Office
415-554-2357 Fax
Email: elizabeth.fitzgerald@sfgov.org

From: Ling, Ada (DPH) <Ada.Ling@sfdph.org>

Sent: Monday, September 9, 2019 11:33 AM

To: Fitzgerald, Elizabeth (ADM) <elizabeth.fitzgerald@sfgov.org>

Cc: John Wong <johnwong@ramsinc.org>; Jorge Wong <jorgewong@ramsinc.org>; Trina de Joya (trinadejoya@ramsinc.org) <trinadejoya@ramsinc.org>; Parni Hassanzai <Parni_Hassanzai@ajg.com>; Michelle A Gonzalez <Michelle_Gonzalez@ajg.com>

Subject: Re: Approval request: Workers Compensation Waiver Endorsement - Re: "Subrogation" for contractor of RAMS - Self Insured

Elizabeth, see email below from Michelle, Quality Comp (RAMS's insurance broker) respond to your last email regarding the RAMS-Self Insured issue. Please review if this explanation is acceptable or not. Attached is the whole set of the WC self insured document.

Thank you
Ada

Yim Ling
Senior Administrative Analyst
City and County of San Francisco
Department of Public Health
1380 Howard Street, Room 419b
San Francisco, CA 94103

Telephone (415) 255-3493
Fax (415) 252-3088

From: Michelle A Gonzalez <Michelle_Gonzalez@ajg.com>
Sent: Thursday, September 5, 2019 6:38 PM
To: Ling, Ada (DPH) <Ada.Ling@sfdph.org>
Cc: John Wong <johnwong@ramsinc.org>; Jorge Wong <jorgewong@ramsinc.org>; Trina de Jova
(trinadelova@ramsinc.org) <trinadelova@ramsinc.org>; Parni Hassanzai <Parni_Hassanzai@ajg.com>
Subject: RE: Approval request: Workers Compensation Waiver Endorsement - Re: "Subrogation" for contractor of RAMS - Self Insured

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi Ada,
My name is Michelle and we are RAMS' insurance broker. Quality Comp is the name of the Self-Insured Program and they are the only ones that have the authority to issue a Waiver of Subrogation since they are the carrier. Although they aren't an actual insurance company, they are the program managers and have full authority over the program.
Please let me know if you have any questions.
Thank you!

Michelle Gonzalez
Area Assistant Vice President



Insurance | Risk Management | Consulting

direct: 818-539.8630
Michelle_Gonzalez@ajg.com

Gallagher
505 N. Brand Blvd. #500, Glendale, CA 91203
www.ajg.com



Arthur J. Gallagher Risk Management Services, Inc.

Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc.
Entity CA License No. 0726293 | Individual CA License No. 0051009

Communications concerning this matter, including this email and any attachments, may have been provided for purposes of insurance/risk management consulting. Opinions and advice provided by Gallagher are not intended to be, and should not be construed as, legal advice.

<https://outlook.office365.com/mail/inbox/id/AAQkADkyYzBjODdhLTM2OTktNDMzMj0...> 9/9/2019

**City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685
Agreement between the City and County of San Francisco and

Richmond Area Multi Services, Inc.**

This Agreement is made this 1st day of July, 2018, in the City and County of San Francisco, State of California, by and between **Richmond Area Multi Services, Inc., 639 14th Avenue, CA 94118.** ("Contractor") and City.

Recitals

WHEREAS, the Department of Public Health ("Department") wishes to provide mental health and substance abuse treatment services; and,

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal ("RFP") RFQ 17-2016 issued on 7/20/16; RFP 1-2017 issued on 3/24/17 and RFQ13-2017 issued on 9/28/17 in which City selected Contractor as the highest qualified scorer pursuant to the RFP/RFQ; and

WHEREAS, there is no Local Business Entity ("LBE") subcontracting participation requirement for this Agreement; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 46987-16/17 and 44670 – 16/17 on June 19, 2017. Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

1.1 "Agreement" means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements which are specifically incorporated into this Agreement by reference as provided herein.

1.2 "City" or "the City" means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing" and Department of Public Health."

1.3 "CMD" means the Contract Monitoring Division of the City.

1.4 "Contractor" or "Consultant" means Richmond Area Multi Services, Inc., 639 14th Avenue, CA 94118 ("Contractor") and City.

1.5 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.

1.6 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.

1.7 "Mandatory City Requirements" means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws, that impose specific duties and obligations upon Contractor.

1.8 "Party" and "Parties" mean the City and Contractor either collectively or individually.

1.9 "Services" means the work performed by Contractor under this Agreement as specifically described in the "Scope of Services" attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2020, unless earlier terminated as otherwise provided herein.

Article 3 Financial Matters

3.1 **Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 **Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and

the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Six Hundred Seventy Nine Thousand Two Hundred Five Dollars (\$9,679,205)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 **Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

3.3.3 **Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 **Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 **Reserved. (LBE Payment and Utilization Tracking System)**

3.3.6 **Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal

employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Grant Funded Contracts.

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.

3.4 **Audit and Inspection of Records.** Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

3.6 Reserved. (Payment of Prevailing Wages)

Article 4 Services and Resources

4.1 Services Contractor Agrees to Perform. Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 Qualified Personnel. Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 Subcontracting. Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.4 Independent Contractor; Payment of Employment Taxes and Other Expenses.

4.4.1 Independent Contractor. For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 Payment of Employment Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

4.5 **Assignment.** The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

4.6 **Warranty.** Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 **Required Coverages.** Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- (c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- (d) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.
- (e) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

- (a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- (b) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

5.1.4 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.6 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

5.1.8 The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.9 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

5.2 **Indemnification.** Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's

performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

Article 6 Liability of the Parties

6.1 Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT

6.2 Liability for Use of Equipment. City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

6.3 Liability for Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

Article 7 Payment of Taxes

7.1 Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

7.2 Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement

entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

Article 8 Termination and Default

8.1 Termination for Convenience

8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

(a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.

(b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.

(c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the

right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.

(f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced

amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:

(a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall

have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 **Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

8.4 Rights and Duties upon Termination or Expiration.

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times,

and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

Article 9 Rights In Deliverables

9.1 Ownership of Results. Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors for the purposes of this agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

9.2 Works for Hire. If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

10.1 Laws Incorporated by Reference. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/

10.2 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

10.3 Prohibition on Use of Public Funds for Political Activity. In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.4 Reserved.

10.5 Nondiscrimination Requirements

10.5.1 **Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 **Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

10.6 **Local Business Enterprise and Non-Discrimination in Contracting Ordinance.** Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 **Minimum Compensation Ordinance.** Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

10.8 **Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

10.9 **First Source Hiring Program.** Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

10.10 **Alcohol and Drug-Free Workplace.** City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) [or California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq., if state funds involved].

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12 Reserved. (Slavery Era Disclosure)Slavery Era Disclosure. Contractor shall comply with San Francisco Administrative Code Chapter 12Y, San Francisco Slavery Era Disclosure Ordinance, including but not limited to Contractor's affirmative duty to research and disclose evidence of Contractor, its parent or subsidiary entity, or its Predecessor Company's Participation in the Slave Trade or receipt of Profits from the Slave Trade. Contractor is subject to the enforcement and penalty provisions in Chapter 12Y.

10.13 Working with Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 10.14,

“Consideration of Criminal History in Hiring and Employment Decisions,” of this Agreement, this section shall control.

10.14 Consideration of Criminal History in Hiring and Employment Decisions Waived.
(Consideration of Criminal History in Hiring and Employment Decisions)

10.14.1 Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, “City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions,” of the San Francisco Administrative Code (“Chapter 12T”), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sf.gov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

10.14.2 The requirements of Chapter 12T shall only apply to a Contractor’s or Subcontractor’s operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

10.15 **Public Access to Nonprofit Records and Meetings.** If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City’s Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

10.16 **Food Service Waste Reduction Requirements.** Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.17 Reserved. (Sugar-Sweetened Beverage Prohibition.)

10.18 Reserved. (Tropical Hardwood and Virgin Redwood Ban).

10.18.1 Contractor shall comply with San Francisco Environment Code Chapter 8, which provides that except as expressly permitted by the application of Sections 802(b) and 803(b) of the San Francisco Environment Code, Contractor shall not provide any items to the City in performance of this contract which are tropical hardwoods, tropical hardwood wood products, virgin redwood or virgin redwood wood products. Contractor is subject to the penalty and enforcement provisions of Chapter 8.

10.19 Reserved. (Preservative Treated Wood Products)

Article 11 General Provisions

11.1 **Notices to the Parties.** Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY: Office of Contract Management and Compliance
Department of Public Health
1380 Howard Street, Room 419 FAX: (415) 252-3088
San Francisco, California 94103 e-mail: ada.ling@sfdph.org

And: Andrew Williams, Program Manager
Contract Development & Technical Assistance
Department of Public Health FAX: (415) 255-3567
1380 Howard Street, 5/F e-mail: Andrew.williams@sfdph.org
San Francisco, California 94103

To CONTRACTOR: 639 14th Avenue FAX: (415)751-7336
San Francisco, CA 94118 e-mail: jorgewong@ramsinc.org

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 **Compliance with Americans with Disabilities Act.** Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 **Reserved.**

11.4 **Sunshine Ordinance.** Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 **Modification of this Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement.

11.6 **Dispute Resolution Procedure.**

11.6.1 **Negotiation; Alternative Dispute Resolution.** The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco

Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

11.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

11.6.3 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

11.7 Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

11.8 Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.

11.9 Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

11.10 Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

11.11 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

11.12 Cooperative Drafting. This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the Sole Source Waiver, and Contractor's proposal dated February 14, 2017. The Sole Source Waiver and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the Sole Source Waiver and the Contractor's proposal.

Article 12 Department Specific Terms

12.1 Third Party Beneficiaries.

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.2 Exclusion Lists and Employee Verification. Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists will be retained for seven years.

12.3 Certification Regarding Lobbying.

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.4 Materials Review.

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

12.5 Emergency Response.

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service site. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this

Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.

13.2 Reserved. (Payment Card Industry ("PCI") Requirements.

13.3 Business Associate Agreement.

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"):

The parties acknowledge that CONTRACTOR will:

1. Do at least one or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E SFDPH Business Associate Agreement (BAA) (04-12-2018)**
 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. **NOT do any of the activities listed above in subsection 1;** Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

13.4 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

Article 14 MacBride And Signature

14.1 MacBride Principles -Northern Ireland. The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.



IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Richmond Area Multi-Services, Inc.



Greg Wagner
Acting Director of Health
Department of Public Health



Jorge Wong
Chief Executive Officer
639 14th Avenue
San Francisco, CA 94118

Approved as to Form:

Dennis J. Herrera
City Attorney

Supplier ID: 0000012195

By: 

Deputy City Attorney

Approved:



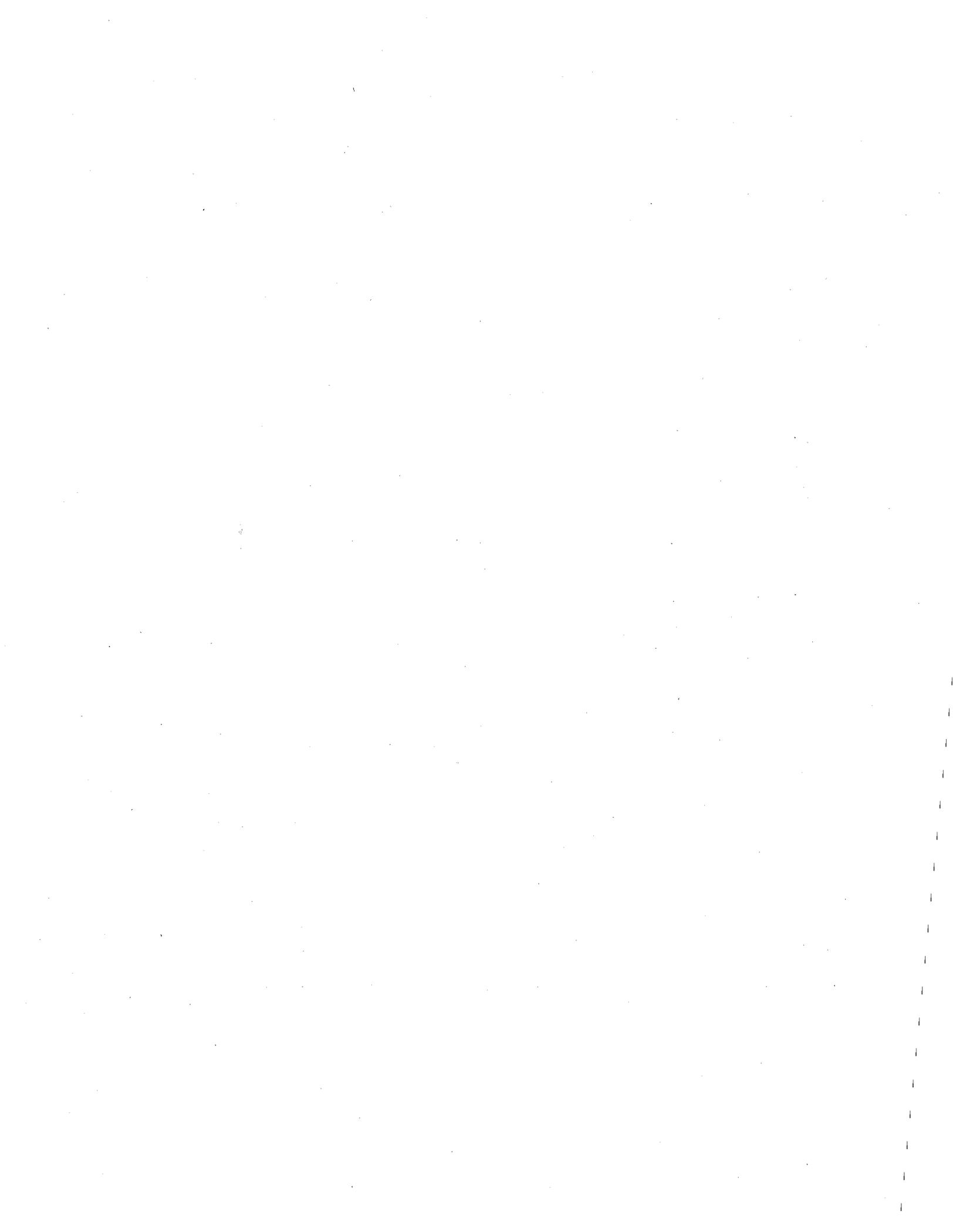
Alaric Degrafinried
Director of the Office of Contract Administration, and
Purchaser

Received By:
MAR 29 '19 PM 4:23
Purchasing Department



Appendices

- A: Scope of Services
- B: Calculation of Charges
- C: Reserved
- D: Reserved
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Reserved
- H: San Francisco Department of Public Health
Privacy Policy Compliance Standard
- I: The Declaration of Compliance
- J: Substance Abuse Programs



Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|---|---|
| A. Contract Administrator | N. Patients' Rights |
| B. Reports | O. Under-Utilization Reports |
| C. Evaluation | P. Quality Improvement |
| D. Possession of Licenses/Permits | Q. Working Trial Balance with Year-End Cost Report |
| E. Adequate Resources | R. Harm Reduction |
| F. Admission Policy | S. Compliance with Behavioral Health Services Policies and Procedures |
| G. San Francisco Residents Only | T. Fire Clearance |
| H. Grievance Procedure | U. Clinics to Remain Open |
| I. Infection Control, Health and Safety | V. Compliance with Grant Award Notices |
| J. Aerosol Transmissible Disease Program, Health and Safety | |
| K. Acknowledgement of Funding | 2. Description of Services |
| L. Client Fees and Third Party Revenue | 3. Services Provided by Attorneys |
| M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | |

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Andrew Williams**, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City. The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health providers, including satellite sites, and used by CLIENTS or STAFF shall meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request."

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. **Description of Services**

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

- Appendix A-1a Children Outpatient
- Appendix A-1b Children Outpatient SD
- Appendix A-2 Children Managed Care Outpatient
- Appendix A-3a Children-Wellness Center Mental Health
- Appendix A-3b Children-Wellness Center Substance Abuse
- Appendix A-3c MHSA PEI School – Based Wellness
- Appendix A-4 ECMHCI (Fu Yau) Project

3. **Services Provided by Attorneys.** Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

1. Identifiers:

Program Name: Children Outpatient and Children Managed Care
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code: 3894-7, 3894MC

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To implement a culturally competent, efficient and effective coordinated care model of service, where clients are actively involved and where they learn to build on strengths, alleviate/manage symptoms and develop/make choices that assist them to the maximum extent possible to lead satisfying and productive lives in the least restrictive environments.

4. Target Population

youth between the ages of 2-21 who are beneficiaries of public health insurance (e.g. Medi-Cal), and their siblings and parents who are in need of psychiatric prevention and/or intervention services. There is a special focus on serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and U.S.-born – a group that is traditionally underserved. There is targeted outreach and services to the Filipino community. Included are services to LGBTQIQ youth and families.

Additionally, the RAMS CYF Outpatient Services serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. EPSDT is a required benefit for all "categorically needy"

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children (e.g. poverty-level income, receiving SSI, or receive federal foster care or adoption assistance). All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Intensive Case Management, are eligible for EPSDT services. RAMS CYF Outpatient Services also include Educationally Related Mental Health Services (ERMHS) to clients referred from SFUSD; in doing so, the agency provides ERMHS services at the outpatient clinic as well as on-site services for ERMHS students at Bessie Carmichael Elementary and Middle Schools, Longfellow Elementary School, Independence High School and SOTA/Academy.

5. Modality(ies)/Interventions

Units of Service (UOS) Description	Program Code: 38947		Program Code: 3894MC	
	Units of Service (UOS) minutes	Unduplicated Clients (UDC)	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
Case Management	2,815	Included	1,071	Included
Mental Health Services	203,752	160	24,294	15
Medication Support	6,678	Included	5	Included
Crisis Intervention	31	Included	120	Included
Mental Health Promotion	415	Included	n/a	n/a
Total UOS Delivered	213,690		9,127	
Total UDC Served		160		15

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to outpatient services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families with each year serving well about 18,000 adults, children, youth & families at about 90 sites, citywide. The CYF Outpatient Program conducts these strategies on an ongoing basis, in the most natural environments as possible, and at sites where targeted children & youth spend a majority of time, through RAMS established school-based and community partnerships – San Francisco Unified School District (SFUSD) high, middle, and elementary schools, after-school programs, over 60 childcare sites, and Asian Pacific Islander Family Resource Network. Outreach activities are facilitated by staff, primarily the

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Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/18 – 06/30/19
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Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage & family therapists, etc.), and Psychiatrists. Engagement and retention is achieved with an experienced, culturally and linguistically competent multidisciplinary team.

In addition, RAMS retains bilingual and bicultural Filipino staff who are stationed at Bessie Carmichael School (elementary and middle), Galing Bata program, Longfellow Elementary School, Filipino Community Center, every week to engage clients and outreach to the Filipino families and community. RAMS staff are also active with the Filipino Mental Health Initiative-SF in connecting with community members and advocating for mental health services.

B. Admission, enrollment and/or intake criteria and process where applicable.

RAMS accommodates referrals from the BHS Behavioral Health Access Center, as well as drop-ins. As RAMS provides services in over 30 languages and, in order to support timely access the agency deploys mechanisms to effectively make accessible the many dialects fluent amongst staff in a timely manner. The Outpatient Clinic maintains a multi-lingual Intake/Referral & Resource Schedule, which is a weekly calendar with designated time slots of clinical staff (and language capacities) who can consult with the community (clients, family members, other providers) and conduct intake assessments (with linguistic match) of initial request. The clinical intake/initial risk assessments are aimed to determine medical necessity for mental health services and assess the level of functioning & needs, strengths & existing resources, suitability of program services, co-occurring issues/dual diagnosis, medication support needs, vocational readiness/interest (and/or engagement in volunteer activities, school), primary care connection, and other services (e.g. residential, SSI assessment). There is a designated Intake Coordinator for scheduling assessments and processing & maintaining the documentation, thus supporting streamlined coordination; staff (including Program Director) work closely with the referring party. Following the intake, engagement and follow-up is made with the client. RAMS has been acknowledged as a model for its intake practices (“advanced access”) and managing the demand for services, which is a consistent challenge for other clinics.

Referrals for Filipino children, youth and/or families may be done directly to the RAMS staff on-site (community sites mentioned above) or at RAMS, for mental health outreach, consultation, assessment, engagement and treatment.

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

To further support accessibility of services, the Outpatient Clinic Program throughout the years has maintained hours of operation that extend past 5:00 p.m., beyond “normal” business hours. The Program hours are: Monday (9:00 a.m. to 7:00 p.m.); Tuesday to Thursday (9:00 a.m. to 8:00 p.m.); Friday (9:00 a.m. to 5:00 p.m.).

The RAMS CYF OPS program design includes behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, family

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collateral counseling; targeted case management services; crisis intervention; substance abuse and risk assessment (e.g. CANS), psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information, outreach & referral services; and collaboration/consultation with substance abuse, primary care, and school officials, and participation in SST, IEP and other school-related meetings. Psycho-educational activities have included topics such as holistic & complementary treatment practices, substance use/abuse, and trauma/community violence. Services are primarily provided on-site at the outpatient clinic, and/or in least restrictive environment in the field including, but is not limited to: school, another community center, and/or home (if needed). The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs. It is also reviewed by the clinical authorization committee and in consultation with SFDPH BHS.

RAMS Filipino services staff provides outreach, linkage, consultation, and psychoeducation to the community members and providers, as well as assessment, individual/family counseling to identified children, youth and their families in the community programs or at RAMS Outpatient Clinic.

The Behavioral Health Clinicians/Counselors provide clients with on-going individual and group integrated behavioral health counseling, case management services and collateral meetings involving families and schools. Having individual counseling and case management services provided by the same care provider streamlines and enhances care coordination. RAMS incorporates various culturally relevant evidence-based treatments & best practices models: Developmental Assets; Behavioral Modification; Cognitive Behavioral Therapy, including modification for Chinese population; Multisystemic Therapy; Solution-Focused Brief Therapy; Problem Solving Therapy; advanced levels of Motivational Interviewing, Stages of Change, Seeking Safety, and Second Step Student Success Through Prevention, etc. RAMS providers are also trained in Addiction Studies, Sandtray Therapy, and Working with Trauma (trauma-informed care whereby staff are trained and supervised to be mindful of children, youth and/or their families who may have experienced trauma); the program provides continuous assessment and treatment with potential trauma experience in mind, as to meet clients' needs. During treatment planning, the counselor and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. Informed by assessment tools (e.g. CANS), a plan of care with goals is formally developed (within the first two months) and updated every six months. This is a collaborative process (between counselor, client, and caregivers) in setting treatment goals and identifying strategies that are attainable & measurable. RAMS also compares the initial assessment with reassessments (e.g. CANS) to help gauge the efficacy of interventions as well the clients' progress and developing needs. As needed, other support services are provided by other staff, in collaboration with the Counselor. RAMS conducts linkages for client support services (e.g. childcare, transportation) to other community agencies and government offices. Doctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation.

Medication management including culturally competent psychiatric evaluation & assessment and on-going monitoring of prescribed medications (e.g. individual meetings, medication management groups) is provided by a licensed child & adolescent psychiatrist. The Outpatient

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

Program psychiatry staff capacity & coverage offers medication evaluation & assessments during program hours of operation, in order to increase accessibility.

D. Describe your program’s exit criteria and process, e.g. successful completion

The program’s short term outcomes include: engagement of at risk and underserved children, youth and families into behavioral health services; identification of strengths and difficulties; engagement of consumers in a comprehensive treatment plan of care; symptom reduction, asset development; education on impact of behavioral health; health and substance abuse issue on child and family; coordination of care and linkage to services. Long term outcomes include: marked reduction of psychiatric and substance abuse symptoms preventing the need for a higher more intensive level of care; improvement of functioning as evidenced by increased school success, increased family/home stability and support; and maximized Asset Building as evidenced by successful transfer to community and natural supports.

The type and frequency of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH BHS. Because of limited mental health resources, coupled with the need to promptly serve many newly referred acute clients, the program consistently applies utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensating, medication compliance, progress and status of Care Plan objectives, and the client’s overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged from Behavioral/Mental Health/Case Management Brokerage level of services into medication-only or be referred to Private Provider Network/Primary Care Physician or for other supports within the community (e.g. family resource centers, community organizations to provide ongoing case management and/or family involvement activities), and/or schools.

E. Program staffing

See BHS Appendix B CRDC page.

Furthermore, direct services are also provided by 16 doctoral interns and practicum trainees. Consistent with the aim to develop and train the next generation of culturally competent clinicians, the Outpatient Clinic also houses a prestigious training center, accredited by the American Psychological Association, which offers an extensive training curriculum. These students are unpaid interns with three paid slots for doctoral interns who are just one year from graduation. The interns are supervised by licensed clinical supervisors, and many graduates from RAMS’ training program become community and academic leaders in the mental & behavioral health field, known both nationally and internationally, further disseminating culturally competent theories and practice.

For the Filipino outreach, engagement and counseling services, RAMS has a full-time bilingual and bicultural Mental Health Counselor, who is an Associate Marriage and Family Therapist

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

(AMFT) and is experienced with working with children, youth and their families and especially with the Filipino community.

F. For Indirect Services: Describe how your program will deliver the purchased services.

RAMS CYF provides indirect services/activities for those who are not yet clients through various modalities including psychoeducation, assessments, and outreach to enhance knowledge of mental health issues. Services are provided on-site as well as in the community. Furthermore, there is targeted outreach to the Filipino community.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 18-19.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about Plan of Care timelines. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements. Furthermore, RAMS maintains ongoing communication with the Filipino services staff and the Filipino community and organizations to solicit feedback to improve our services.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality, including tracking reports provided by Avatar to ensure documentation timeliness. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee (e.g. PURQC) which is comprised of the Quality Improvement Supervisor (licensed clinical social worker), Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Coordinator and Clinical Supervisor (licensed marriage & family

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

therapy and direct service practitioner), and other licensed staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; staff may meet from weekly to monthly intervals with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc.

In addition to the program's documentation review, the RAMS Quality Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). The Council is also involved in the PURQC Level 2 reviews, which are conducted on a quarterly basis. Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly grand rounds, and monthly case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision (mostly weekly; some are monthly); supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review).
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.

- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Consumer Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the program maintains a Youth Council, which meets monthly, and provides feedback on program services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestion boxes in the two client wait areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

management. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback. Improvement and/or adjustment to service delivery will be done, as appropriate, after director and staff reviewing feedback from survey and Youth Council.

E. Timely completion and use of outcome data, including CANS

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Required Language:

Not Applicable.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SED	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

1. Identifiers:

Program Name: Children Outpatient SED
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code: 3894-SD

Denman Middle School
 241 Oneida Ave
 San Francisco, CA 94112
 (415) 469-4535

Galileo High School
 1150 Francisco, Street
 San Francisco, CA 94109
 (415) 771-3150

George Washington High School
 600 - 32nd Avenue
 San Francisco, CA 94121
 (415) 387-0550

Herbert Hoover Middle School
 2290-14th Avenue
 San Francisco, CA, 94116
 (415) 759-2783

Mission High School
 3750-18th Street
 San Francisco, CA 94114
 (415) 241-6240

Presidio Middle School
 450 30th Avenue
 San Francisco, CA 94121
 (415) 750-8435

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To provide on-site, school-based mental health services for students with the former designation of "Emotional Disturbance" (ED) and currently placed in SOAR (Success, Opportunity, Achievement and Resiliency) Academy, and other special education students that have identified mental health needs (i.e., ERMHS status), and support to teachers/classroom/school environments to increase student engagement in learning and school connection.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

4. Target Population

The San Francisco Unified School District (SFUSD), serving the following schools: Denman, Herbert Hoover, and Presidio Middle Schools as well as George Washington, Mission, and Galileo High Schools for Emotionally Disturbed (ED) youth and their families and support to the school personnel who work with them.

Other target populations may also include students (with ERMHS status) involved in SOAR class or other Learning Disabled (LD) programs experiencing mental health difficulties that are impacting their ability to learn, who could potentially be qualified as “ED.”

5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
Case Management	981	Included
Mental Health Services	78,745	120
Medication Support	593	Included
Crisis Intervention	40	Included
Mental Health Promotion	824	Included
Administrative Work	1,073	Included
Total UOS Delivered	82,256	
Total UDC Served		120

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

School-Based Mental Health Partnership (SBMHP) Manager/Coordinator and Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage & family therapists, counselors, etc.) meet with school personnel (principal or designee, special education director, and special education teachers) in the beginning and end of each school year, as needed, and ongoing for outreach to and recruitment of children/youth who qualify for services. This may include, but not limited to, active participation/ presentation in at least one Special Education department meeting and/or an Individualized Education Plan (IEP) meeting.

SBMHP Coordinator and/or Behavioral Health Clinicians/Counselors participate in meetings (e.g. IEPs, staff meetings, etc.) that students’ parents/caregivers attend to discuss services, provide psycho-education, and develop relationships to support student participation in services.

RAMS outreach, engagement and retention strategies include, but are not limited to:

- **Relationship Development:** Developing rapport with school staff, students & families based on behavioral/mental health training & background including: using active listening skills, awareness of non-verbal communication, empathy; understanding of child development, multifaceted cultural identity, & recognizing clients’ unique strengths and needs.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

- Classroom Observation: Direct observation of behavior impeding client’s ability to learn and teachers’ response to these behaviors allows for assessment of the strengths and needs and for development of specific intervention plans with teachers, clients, and families.
- Staff Development/Consultation with Teachers and Paraprofessionals: Educate school staff regarding behavioral/mental health issues and how they impact client’s behavior. Provide them with tools to engage students, recognizing their particular strengths and needs.
- Client Consultation/Psycho education: Providing education and/or consultation to clients, families & communities regarding ED/SDC/LD/ERMHS classification, SOAR Academy & behavioral/mental health issues/services to address negative associations, and engage and retain student participation.
- Asset Building: Linkage of students to significant adult and community supports including mentors, community organizations, and participation in meaningful extracurricular activity
- “Push In/Pull Out” Groups: Working with students (in and out of the SOAR classroom setting), teachers, and paraprofessionals to engage students in social and emotional learning programs to develop pro-social skills, frustration tolerance, and empathy development. Some of the High School groups are “Pull Out” groups (not in the SOAR class)

B. Admission, enrollment and/or intake criteria and process where applicable.

Students in SOAR classrooms, with Educationally Related Mental Health Services (ERMHS) status, or other special education classes are referred by school personnel to the on-site RAMS Clinicians/Counselors.

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

RAMS counselors provide on-site mental health services to the students referred for services. Each counselor dedicates 12 hours per week per partnership, for behavioral/mental health services (at least eight hr/wk on-site). RAMS counselors provide at least: 28 hours of on-site services at George Washington High School, 20 hours each at Galileo and Mission High Schools as well as Hoover and Presidio Middle Schools, and 24 on-site hours at Denman Middle School, when schools are in operation (including summer school). Depending on the IEP, students may receive behavioral/mental health services at RAMS Outpatient Clinic when school is not in operation in an effort to provide continuity of care.

Initial assessment, individual therapy, group therapy, family therapy, case management, collateral and crisis intervention are treatment options, as clinically indicated. Outreach, milieu services, and consultation to the school personnel are provided as indirect services. A child/youth may be referred for medication evaluation & support services at the RAMS Outpatient Clinic, when necessary, if student has Medi-Cal; others may be referred to their medical homes. Length of stay varies, depending on the review of treatment plan of care and the Individualized Educational Plan. Child/youth may be seen twice a week for high intensity need, and may reduce to once a month for maintenance level need.

RAMS counselors work collaboratively with caregivers, school officials, other service providers, and community groups to help maximize students’ internal and external resources and supports. RAMS counselors provide “push in” groups in the classrooms, as well as “pull out” group therapy in some high schools. Milieu services from the onsite SOAR clinician is also a significant aspect of service delivery.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

Milieu clinicians are responsible for aiding in the day-to-day functioning of the classroom environment which includes: classroom observation, implementation of behavioral support plans for students, de-escalation of students, consultation with teachers and para-professionals, and taking a leadership role in modeling effective classroom management skills.

D. Describe your program’s exit criteria and process, e.g. successful completion

The type and frequency of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs, in accordance with the IEP, and reviewed by the clinical authorization committee and in consultation with SFDPH BHS. RAMS Clinicians/Counselors, along with school personnel, determine students’ exit criteria and process & procedure at the students’ Individualized Education Plan (IEP) meetings. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensating, progress and status of Care Plan objectives, medication compliance, and the client’s overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged to a lower level of care and/or be referred. Furthermore, clients’ transferring to other schools is also taken into consideration.

E. Program staffing

See BHS Appendix B CRDC page.

F. For Indirect Services: Describe how your program will deliver the purchased services.

RAMS indirect services/activities include working in the milieu of the SOAR classroom by conducting classroom observations, providing consultation to SOAR staff, supporting de-escalation of students, and providing informal support to students who have yet to be opened as clients, attending SOAR Team meetings and SFUSD/SOAR trainings.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Children, Youth, and Family Performance Objectives FY 18-19.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about Plan of Care timelines. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is continuously collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality, including tracking reports provided by Avatar to ensure documentation timeliness. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee which is comprised of the Quality Improvement Supervisor (licensed clinical social worker), Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Coordinator/Clinical Supervisor (licensed marriage & family therapist), and other licensed staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc.

In addition to the program's documentation review, the RAMS Quality Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). The council is also involved with the PURQC Level 2 reviews, which are conducted quarterly. Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly case conferences, and monthly clinical grand rounds. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision (mostly weekly; some are monthly); supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review).
- RAMS maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access. For RAMS CYF Outpatient, the client's preferred language for services is noted at intake; during the case assignment process, the Program Director (as possible) matches client with counselor by taking into consideration language, culture, and provider expertise.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

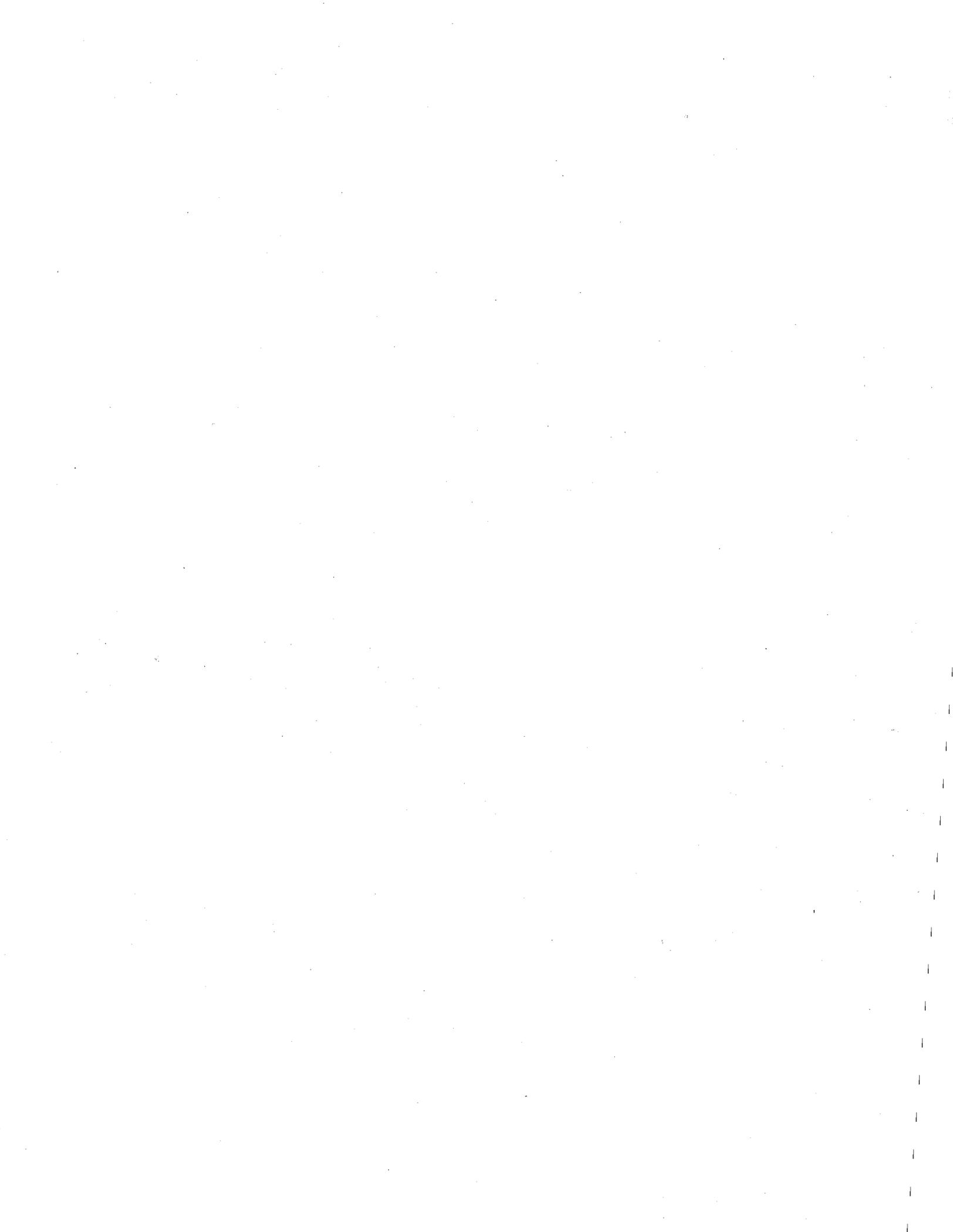
RAMS adheres to the BHS satisfaction survey protocols which include dissemination biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the program maintains a Youth Council, which meets monthly, and provides feedback on program services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestions boxes in the two client waiting areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Timely completion and use of outcome data, including CANS

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Required Language:

Not Applicable.



Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3a through A-3c
Program Name: Wellness Centers Support & Training	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHIS only)

1. Identifiers:

Program Name: Wellness Centers Support & Training
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code: 3894-6

Wellness Centers are located at:

- Academy of San Francisco (ASF) (94131)
- Phillip and Sala Burton Academic High School (94134)
- Downtown High School (94107)
- Galileo Academy of Science & Technology High School (94109)
- June Jordan High School (94112)
- Abraham Lincoln High School (94116)
- Lowell Alternative High School (94132)
- Mission High School (94114)
- Thurgood Marshall High School (94124)
- John O’Connell Alternative High School (94110)
- School of the Arts (94131)
- SF International High School (94110)
- Raoul Wallenberg High School (94115)
- George Washington High School (94121)
- Ida B. Wells High School (94117)
- Independence High School (94122)

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To provide integrated behavioral health and case management services at 16 of the high school-based Wellness Centers and intensive case management services to court-ordered youth on probation.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3a through A-3c
Program Name: Wellness Centers Support & Training	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

4. Target Population

The target population includes 16 SFUSD high schools (e.g. students & families; administrators & teachers), focusing on students with behavioral health concerns. Additionally, RAMS serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Intensive Case Management, are eligible for EPSDT services.

The SF TRACK (Treatment Recovery Accountability Collaboration Knowledge) serve youth at-risk or already involved in juvenile justice, regardless of their school or court placement, and is a portable intensive outpatient treatment program that serves qualified youth on probation.

5. Modality(ies)/Interventions (aka Activities)

Program Code: 38946

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Case Management	10,000	Included
Mental Health Services	33,800	65
Medication Support	2,000	Included
Crisis Intervention	2,400	Included
Total UOS Delivered	48,200	
Total UDC Served		65

For MHSA-funded services, below are the Activity Categories:

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Outreach and Promotion	80	750
Screening and Assessment	105	90
Mental Health Consultation	183	150
Individual Therapeutic Services	588	90
Group Therapeutic Services	120	40
Total UOS Delivered	1,076	

6. Methodology

RAMS Wellness Centers program's model and treatment modalities are based on a client-centered, youth-focused, strength-based model with an inter-relational approach. As adolescent students present with a wide scope of issues (e.g. mental health, substance use/abuse, diverse ages, ethnicity, sexuality, socio-economic status), service provision must be comprehensive to assess and respond, while de-stigmatizing therapy and establishing trust. In doing so, RAMS incorporates various culturally relevant evidence-based practices (e.g. Motivational Interviewing, Stages of Change, Brief Intervention Sessions, Beyond Zero Tolerance, Seeking Safety, Trauma-Focused Cognitive Behavioral Therapy, Mindfulness), in working with adolescents. Student outcomes are: improved psychological well-being, positive engagement in school, family & community, awareness & utilization of resources, and school capacity to support student wellness.

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Program Name: Wellness Centers Support & Training	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

RAMS Wellness - SF TRACK, a multi-agency collaborative of clinical teams, offers a skills-based, multi-phase, mobile, intensive outpatient treatment program for youth with co-occurring substance use and mental health disorders. Services are provided to the youth and their families at home, school and in the community using evidence informed practices based on Teen Intervene and Teen Matrix curriculums. The partner agencies include Juvenile Probation, AIIM Higher, RAMS, OTTP, Special Programs for Youth, CARC, and Urban Services YMCA. Student outcomes are: reduce recidivism, reduce substance abuse, and increase academic success.

A. Outreach, recruitment, promotion, and advertisement as necessary.

Facilitated by RAMS staff and interns, outreach & educational activities for students, families, and teachers are on various behavioral health issues (e.g. presentations at school meetings, participating in parent meetings, Back to School Nights, and PTSA meetings); and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities (e.g. LGBTQ, Chinese, gang-involved) by conducting various activities such as presentations (student orientation, classrooms, assemblies, and health fairs), contributing articles to the Wellness Newsletter, participating in student clubs & associations (culture/interest-based and student government), and other methods (e.g. connecting with Peer Resource, drop-in hours). Outreach is also to those who may benefit from case management, who are dealing with trauma/grief & loss, or families with limited resources.

Behavioral health outreach, awareness, promotion, and educational services are provided to the entire student population, as requested by each school site. Outreach also includes trainings to staff & parents as requested and in doing so, counselors also develop an outline for the presentation which is formatted so that other sites can utilize it. RAMS also utilizes its social networking capability and advertises its services, events and program highlights via RAMS blog, Facebook page, and Twitter.

B. Admission, enrollment and/or intake criteria and process where applicable.

For the Wellness Centers program, students are referred to Wellness Center services by school staff, i.e. teachers, academic counselors, deans, etc.; parents; or students themselves. Each student referred receives an assessment. The program primarily utilizes an assessment tool based on the HEADSS model (Home, Education/Employment, Activities, Drugs, Sexuality, and Safety) which identifies protective and risk factors in each area. HEADSS is an adolescent-specific, developmentally appropriate psychosocial interview method that structures questions so as to facilitate communication and to create an empathetic, confidential, and respectful environment. RAMS assesses students for appropriateness of services modality, frequency, and accessibility (location, schedule). RAMS provides services on-site at the Wellness Centers as well as off-site by other community program providers (including RAMS Outpatient Clinic). The type, frequency, and location (on- or off-site) of services are tailored to the client's acuity & risk, functional impairments, and clinical needs as well as accessibility to community resources (e.g. family support, insurance coverage, ability to pay if needed).

For the SF TRACK program, students can be referred by probation officers, attorneys, public defenders, judges, parents, schools, treatment providers etc. Each student receives a CANS assessment by SF-AIIM Higher, a DPH provider that centralizes referrals, assessments and triaging to SF TRACK partners. Youth must be ages 14-18, have ongoing issues with substance abuse, significant emotional and behavioral risks, be at-risk for out-of-home placement and be capable of participating in program and treatment activities.

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for

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service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

For the Wellness Centers Program, counselors are on-site from the beginning of the school day to 30 minutes after school. (8 a.m. – 4 p.m.). During a crisis, the Counselor may stay longer to assist with care transition (e.g. Child Crisis), in consultation with the RAMS Director of Behavioral Health Services, Clinical Supervisor and Wellness Center team. During school breaks, RAMS offers direct services (counseling, case management, crisis intervention) at various locations (e.g., summer school, RAMS Outpatient Clinic, and in the community).

The RAMS model of Wellness services' treatment modalities & strategies include: multi-lingual and multi-cultural behavioral health (mental health & substance abuse) assessment and individual & group intervention (short, medium, & long-term counseling, collateral); crisis intervention; substance use/abuse services (primary and secondary prevention and outpatient services); clinical case management and service coordination & liaison (community providers, emergency support services); consultation; outreach & educational activities for students & parents and teachers; and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities. Furthermore, RAMS provides at least one ongoing behavioral health group at 12 of the 16 high school-based Wellness Centers, at minimum. Examples include, but are not limited to: Anger Management, Life Skills, Mindfulness, 9th grade Transition group, Senior Transition group, etc. The RAMS model focuses on short-term behavioral health counseling and case management services, with longer durations to be assessed in consultation with RAMS supervisors and Wellness team. RAMS Counselors work within the school-based Wellness team under the direction of the Wellness Coordinator and RAMS supervisors.

For clients receiving EPSDT services, the Child and Adolescent Needs and Strengths (CANS) assessment tool is used. The Counselor, in consultation with her/his Clinical Supervisor and/or Program Director, determines clinical and treatment needs and planning (goal development) throughout the service delivery process (informed by the assessment tool data) weighing risk factors that can prompt more immediate on-site services with short term counseling (one to five sessions), medium length (six to 11 sessions), or long term counseling (12 or more sessions, requires DSM diagnosis and potential decompensation). Case reviews by the Clinical Supervisors and/or Program Director are conducted, at minimum, at each service interval (sixth session, 11th session, 20th session, etc.).

Referrals to off-site services are indicated when:

- Students/family have private/public insurance that covers behavioral health services
- Students referred for services at the end of the school year and/or about to graduate high school
- Students requiring more than once a week counseling (e.g. high risk with suicidal/homicidal ideation; psychosis, etc.) to be linked with a higher levels of care in the community
- Students/families can connect with community services with little or no accessibility barriers

SF TRACK offers a skills-based, multi-phase, mobile, intensive outpatient treatment program to youth and their families at home, school and in the community. Each client is offered individual and family therapy at locations that are flexible and portable to optimize successful engagement of clients and their families. Case Management with schools and community services is also offered to enhance positive connections in a client's life.

D. Describe your program's exit criteria and process, e.g. successful completion.

For the Wellness Centers Program, disposition of all cases are conducted in accordance to clinical standards of care, in collaboration with the client and family (and other parties involved), and through

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providing follow-up and/or referral information/linkage. For clients with ongoing care, termination or step-down process to less intensive treatment services begins when a child/youth has met all or majority of the target goals in the Plan of Care, when his/her target symptoms have decreased or alleviated, and he/she can function at his/her developmental expectation. Stressors are also considered whether the child/youth may decompensate if service is terminated or stepped-down. Students may be referred for other behavioral/mental health or case management services for short-term, early intervention, or assessment only. RAMS counselors take part in ensuring that continuity of care takes place when students transfer or graduate from high school.

SF TRACK participants must successfully complete a three phase process to successfully be exited from treatment. Phase I includes Orientation, approximately 2-4 weeks focused on rapport, initial assessment, building a recovery team. Phase II is Early Recovery, approximately 8-10 weeks that focuses on increasing youth and family motivation in treatment as well as conflict resolution, psychoeducation and communication skills for youth and their families. Phase III is Core Recovery, approximately 8-10 weeks, focusing on relapse prevention skills, building interpersonal and regulation skills, and increasing participation in adaptive activities as a way to replace negative behaviors and increase positive peer influences.

E. Program staffing.

See BHS Appendix B.

RAMS Wellness Centers Program services are provided by: Behavioral Health Therapists/Counselors, Clinical Case Managers, Trauma/Grief & Loss Group Counselor, six graduate school interns, and volunteers. All staff/interns have a Clinical Supervisor and overall program oversight is the responsibility of the Director of Behavioral Health Services/Program Director.

RAMS Wellness Centers Program maintains a school-based internship program; during FY 2018-19, there are six graduate school interns (counseling) and six volunteer counselors who hold masters degrees in a mental health discipline and are Marriage & Family Therapist Interns. All interns/volunteers are providing behavioral health services on-site; each intern/volunteer is supported in their learning process, receiving weekly clinical individual and group supervision, and didactic seminars. These internships are unpaid positions.

SF TRACK is staffed by a Program Manager, one full time Senior Case Manager, and one full time Clinical Case Manager. All participate in providing individual, and family therapy and case management services.

F. Mental Health Services Act Programs

1. **Consumer participation/engagement:** Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

RAMS is committed to consumer involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and culturally competency. The best informant for the culturally relevant curriculum & program development is the target population, themselves. Effective activities at school-based programs that inform service delivery include: focus groups & meetings with students, families, and school administrators & teachers to identify & address the school's needs and best practices; anonymous surveys; coordinate a Student Advisory Committee; and engage & foster relationships with

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consumer community at convenient & easily-accessible venues/platforms (e.g. staff development trainings, PTSA meetings, “free periods,” hosted lunch hour events). All meeting outcomes, evaluations, and reviews are reported to RAMS executive management along with any action plans (e.g. adjustment of service strategies in consideration of cultural relevancy and school-based setting). Furthermore, the RAMS Youth Council meets monthly during school year to provide continuous feedback of RAMS service delivery to children and youth.

2. **MHSA Vision:** Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.

RAMS is recognized as a leader in providing culturally competent services (inclusive of providers having the attitudes, knowledge, and skills needed to understand, communicate with, and effectively serve people across all cultures), and our programs’ breadth, depth, and extensiveness have afforded the agency with a highly regarded reputation. It is an integral aspect for organizational and program development, planning, policies & procedures, service implementation, staff recruitment & employment practices, and outreach & referral. Furthermore, as demonstrated by its history and current diverse workforce, RAMS effectively recruits, hires, and retains staff that appropriately reflects cultural and linguistic diversity of the client population. The staff possesses the attitudes, knowledge, and skills to understand, communicate with, and effectively serve individuals across all cultures. When providing services to clients, providers consider all cultural components of the individual including her/his immigration generation, level of acculturation, accessibility of resources & support, and other factors (e.g. age, race/ethnicity, sexuality, socio-economic status, academic needs, neighborhood/defined community, etc.). As such, service delivery is strengths-based, adaptable & flexible, individual and group counseling is provided in the student(s)’s primary/preferred language(s), and involves family participation (as appropriate).

RAMS Wellness capacity includes Spanish, Cantonese, Mandarin, Tagalog, Vietnamese, Tongan, Khmer, Turkish, & Korean as well as can easily access the agency’s enhanced capacity of 30 languages (Asian languages, and Russian). As part of RAMS’ efforts to support and further enhance the professional development of its staff (including effective engagement strategies), RAMS consistently coordinates for various trainings such as: school-based program-specific trainings, weekly didactic trainings on culturally specific issues, monthly children & youth case conferences, and weekly Wellness program case conferences (only during summer). The RAMS Wellness program also retains a particular expert to provide consultation and facilitate discussions on systemic, macro-level issues that impact the youth and their community. Training topics are determined in various manners including a needs assessment/survey, emerging issues of clients (e.g. internet addiction), evidenced-based models of care, staff meetings, and feedback from direct service providers and clinical supervisors. In addition, there is an ongoing selection of topics that are provided to ensure retention and enhancement of youth-focused strategies trainings (e.g. intermediate level Motivational Interviewing). RAMS Wellness administrators also meet with Wellness Initiative and School Health representatives monthly and discuss training topics and gaps in skills and services to plan training not only for RAMS Wellness staff, but for Wellness Initiative and school personnel.

7. Objectives and Measurements

A. Standard Objectives:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 18-19.

8. Continuous Quality Assurance and Improvement

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A. Achievement of contract performances objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording client's primary care provider at case opening in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected in real time, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. Client charts are reviewed by clinical supervisors at 12 session (medium intensity) and 20 session (long term) for quality, thoroughness, accuracy and appropriateness of continuation of services. Long-term cases are reviewed by clinical supervisor and Director of Behavioral Health Services/Program Director, on at least, a quarterly basis. RAMS maintains a system/procedure to ensure that majority of clients receive short-term interventions and that clients receiving medium to long-term interventions are monitored. On-site services are generally provided to those exhibiting high level of need and whose school attendance is conducive to regular sessions. In addition, two internal audits of charting occur annually – one peer review and one conducted by the director – to monitor compliance to legal and ethical standards of care.

In addition, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee (e.g. PURQC); based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff also conduct a peer chart review in which a sampling of charts are reviewed with feedback.

In addition to the program's documentation review, the RAMS Quality Council conducts a review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural Competency of staff and services

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RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles) and case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision; supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement.
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of annual objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership

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includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.

- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. In addition, the program administers its own satisfaction survey, at case closure (for youth seen for more than six sessions) which include questions around meeting treatment goals, life improvement, and perspectives about counseling. Furthermore, the program conducts focus groups to solicit feedback on services as well as administers satisfaction surveys to students and school staff, to determine areas of strength and challenges to programming. Results of the satisfaction methods are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the agency maintains a Youth Council, which meets monthly, and provides feedback on program services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Timely completion and use of outcome data, including CANS

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Required Language:

Not Applicable.



Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: ECMHI-Fu Yau	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

1. Identifiers:

Program Name: ECMHI-Fu Yau
 Program Address: 1375 Mission Street
 City, State, Zip: San Francisco, CA 94103
 Telephone: (415) 689-5662
 Fax: (415) 668-6388
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code: Not Applicable

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To prevent emotional disturbance and provide early intervention for San Francisco children (prenatal to five years old) and to improve their social and emotional well-being.

4. Target Population

Young children from prenatal to five years old, who are from low-income families, TANF and CalWORKs recipients, with a special focus on new immigrants and refugees residing in San Francisco, and are underserved families of color in San Francisco.

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Program Name: ECMHI-Fu Yau	Contract Term: 07/01/18 – 06/30/19
	Funding Source: (non-BHS only)

4a. Sites Receiving Fu Yau Project Mental Health Consultation Services

<i>Child Care Sites</i>	<i># of Children</i>	<i># of Classrooms</i>	<i># of Staff</i>	<i>Language Capacity</i>	<i>Site Type</i>	<i>Funding</i>	<i>Consultant Name</i>	<i>Consultant Hours/Week</i>
DCYF								
Felton Martin Luther King Child Care	36	6	7	English/Japanese	ECE	DCYF	Maki Yamamoto	8
Kai Ming-Rainbow	41	3	12	English/Chinese	ECE	DCYF	Diana Chu	6
Cross Cultural Western Addition Child Care (site is not receiving ECMHCI network service)	18	1	4	English/Chinese	ECE	DCYF	open	
Nihonmachi Little Friends-Bush St.	90	2	19	English/Japanese	ECE	DCYF	Namie Ideura	6
Wah Mei	80	5	12	English/Chinese	ECE	DCYF	Juei-Chen "Lanny" Chao	6 biweekly
ABC Preschool	35	2	10	English/Japanese	ECE	DCYF	Namie Ideura	6
SFUSD								
SFUSD Gordon J. Lau	32	2	3	English/Chinese	ECE		Li-Wen Cheng	6
CCCC Chinatown/North Beach	24	1	4	English/Chinese	ECE		Diana Chu	6
Felton Learning Center	75	3	9	English/Japanese	ECE		Namie Ideura	6
Wu Yee Home-based Chinatown	11	1	1	English/Chinese	ECE		Kenny Le	2 per mo.
Wu Yee Home-based-Bay View (2 groups)	60	3	30	English/Spanish	ECE		Raul Yopez	4 Per mo
Cross Cultural Oscaryne Williams Center of Hope *	30	2	10	English/Chinese	ECE		Tammy Yu	6
HSA								
Angela's Children's Center	42	3	20	English/Chinese	ECE	HSA	Diana Chu	6
Gum Moon Chinatown Resource Center	36	3	6	English/Chinese	ECE	HSA	Janny Wong	10

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Chinatown Community Children's Center-Chinatown	60	2	6	English/Chinese	ECE	HSA	Larissa Tam	6
Cross Cultural Cleo Wallace Child Care	18	4	16	English/Chinese	ECE	HSA	Tammy Yu	On-call per site's request
Wu Yee New Generations	64	7	18	English/Chinese	ECE	HSA	Roy Cheng	6
Wu Yee Early Head Start 831 Broadway	26	4	12	English/Chinese	ECE	HSA	Juei-Chen "Lanny" Chao	6
Felton Sojourner Truth	30	2	10	English/Japanese	ECE	HSA	Maki Yamamoto	6
Wu Yee FCC Yi Li	8	1	2	English/Chinese	FCC	HSA	Larissa Tam	2 per mo.
Wu Yee FCC Xiao Ling	14	1	2	English/Chinese	FCC	HSA	Kenny Le	2 per mo.
Wu Yee FCC Siu Kam Cheung	6	1	2	English/Chinese	FCC	HSA	Roy Cheung	2 per mo.
Wu Yee FCC Qiu Mei Li	12	1	2	English/Chinese	FCC	HSA	Tammy Yu	2 per mo.
Wu Yee FCC Yi Hong Mai	8	1	2	English/Chinese	FCC	HSA	Janny Wong	2 per mo.
Wu Yee FCC Xiao Xia Zhen	8	1	2	English/Chinese	FCC	HSA	Harmonie Wong	2 per mo.
Wu Yee FCC Lillian Cai	6	1	2	English/ Chinese	FCC	HSA	Janny Wong	2 per mo.
Wu Yee FCC Xiao Li Chen	6	1	2	English/Chinese	FCC	HSA	Larissa Tam	2 per mo.
FCC Annie Liu	6	1	2	English/Chinese	FCC	HSA	Diana Chu	2 per mo.
FCC Ying Jun Ging	12	1	3	English/Chinese	FCC	HSA	Roy Cheung	2 per mo.
Wu Yee Head Start OMI	40	3	12	English/Chinese	ECE	HSA	Larissa Tam	6
Wu Yee Head Start West Side	30	2	6	English/Chinese	ECE	HSA	Namie Ideura	6
SFUSD Commodore-Stockton	120	5	20	English/Chinese	ECE	HSA	Kenny Le	6 biweekly
SFUSD Noriega	140	7	30	English/Chinese	ECE	HSA	Kenny Le	6 biweekly
SFUSD Tule Elk Park (+TK)	96	6	24	English/Chinese	ECE	HSA	Tammy Yu	6
SFCFC PFA								
Telegraph Hill Neighborhood Center	99	5	25	English/Chinese	ECE	PFA	Diana Chu	6
SFUSD Excelsior @ Guadalupe	60	3	20	English/Chinese	ECE	PFA	Harmonie Wong	6
SFUSD Jefferson	42	2	11	English/Chinese	ECE	PFA	Namie Ideura	6
Chibi Chan	56	3	12	English/Japanese	ECE	PFA	Li-Wen Cheng	6 biweekly
Chibi Chan Too				English/Japanese	ECE	PFA	Li-Wen Cheng	6 biweekly

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SFUSD Tenderloin	24	2	12	English/Japanese	ECE	PFA	Aya Sato	6
Glide Child Care Center	49	2	12	English/Tagalog	ECE	PFA	Aya Sato	6
Kai Ming Broadway	56	3	12	English/Chinese	ECE	PFA	Janny Wong	6
Kai Ming Geary	60	2	10	English/Chinese	ECE	PFA	Harmonie Wong	6
Kai Ming North Beach	40	2	8	English/Chinese	ECE	PFA	Li-Wen Cheng	6
Kai Ming Powell	20	1	5	English/Chinese	ECE	PFA	Janny Wong	6
Kai Ming Richmond	30	2	8	English/Chinese	ECE	PFA	Larissa Tam	6
Kai Ming St. Luke's	60	3	10	English/Chinese	ECE	PFA	Tammy Yu	6
Kai Ming Sunset	44	2	8	English/Japanese	ECE	PFA	Larissa Tam	6
WuYee Head Start Cadillac	40	2	8	English/Japanese	ECE	PFA	Aya Sato	6
SFUSD Argonne	82	4	12	English/Japanese	ECE	PFA	Namie Ideura	6
SFUSD E.R. Taylor	80	4	5	English/Chinese	ECE	PFA	Harmonie Wong	6
SFUSD Grattan	40	2	10	English/Japanese	ECE	PFA	Li-Wen Cheng	6
The Family School Mission/ Bernal Heights	48	3	12	English/Spanish	ECE	PFA	Raul Yopez	6
True Sunshine	44	2	11	English/Chinese	ECE	PFA	Kenny Le	6 biweekly
Wu Yee Generations	36	1	8	English/Chinese	ECE	PFA	Roy Cheung	6
Wu Yee Lok Yuen	40	2	10	English/Chinese	ECE	PFA	Kenny Le	6
Wu Yee Tenderloin GoldenGate 177	32	2	6	English/Spanish	BCE	PFA	Raul Yopez	6
Training Institute						PFA	Li-Wen Cheng	3 hrs per mo./ Five MHC
SRI								
Gum Moon – Richmond Family Support Center	24	1	6	English/Chinese	FRC	SRI	Roy Cheung	6
Glide Family Resource Center	30	1	6	English/Chinese	FRC	SRI	Aya Sato	6
Wu Yee Joy Lok	30	1	15	English/Chinese	FRC	SRI	Kenny Le	6 biweekly
Potrero Hill Family Resource Center	30	1	5	English/Chinese	FRC	SRI	Roy Cheung	2 per mo.
MHSA								
Sunset Family Resource Center (aka Asian Family Support Center – Sunset and Sunset Beacon	30	2	5	English/Chinese	FRC	MHSA	Harmonie Wong/Juei-	6 for each site

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							Chen "Lanny" Chao	
FCCQN Group		63		English/Chinese	FCC	MHSA	Tammy Yu and Larissa Tam	4

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5. Modality(ies)/Interventions

Fu Yau Project establishes a Site Agreement with each respective site served (child care, family resource centers, etc. at the beginning of each fiscal or academic year, whichever is most appropriate. Each Site Agreement includes the following information:

- Site information to which the Site Agreement applies
- The term of the Site Agreement
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of Site Agreement document
- Signature lines for Consultant, Site Director/Manager, Contractor Program/Project Director

Once the Site Agreement is completed and signed by all parties, a copy of the document is sent to the BHS ECMHCI Program Director no later than November 15.

Modalities:

- *Consultation - Individual:* Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- *Consultation - Group:* Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- *Classroom/Child Observation:* Observing a child or group of children within a defined setting to inform consultation services to teachers/staff/parents.
- *Staff Training:* Providing formal and informal trainings to a group of three or more staff at a site. Trainings may be site specific, or for an entire child care organization with multiple sites.
- *Parent Training Support Group:* Providing structured, formal training to a group of three or more parents on a specific topic. Can also include leading a parent support group or a parenting workshop series such as Triple P.
- *Early Referral Linkage:* Includes linkage of children and families to additional community resources such as SFUSD Special Education Dept. or Golden Gate Regional Center.
- *Consultant Training/Supervision:* Ongoing supervision of consultants both individually and in groups, as well as a variety of trainings offered to consultants as a whole or through individual contractors
- *Evaluation:* Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Consultation Initiative. Can also include time spent complying with the BHS-initiated evaluation efforts.
- *Systems work:* Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Transdisciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- *Early Intervention Services – Individual:* Activities directed to a child, parent, or caregiver that are not Mental Health Services. Activities may include, but are not limited individual child interventions such as shadowing or 1:1 support, meetings with parents/caregivers to discuss their concerns about

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- their child’s development and/or to explore parenting practices that could be used at home, developmental screening and/or assessment, and referrals to other agencies. These services are intended for children who have social or emotional problems that place them at risk for expulsion.
- *Early Intervention Services – Group:* Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children. Groups are intended to teach children social skills such as sharing and communicating effectively, affect regulation, and improve their ability to cooperate with peers and adults. Groups will be led by a mental health consultant, and/or a staff member from the site, if necessary and possible. Interventions are informed by the Ages and Stages Questionnaire (ASQ) or the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). Service will only be delivered after parents/guardians have given their written consent and after consultation with staff at the site.
 - *Mental Health Services-Individual/Family:* Therapeutic services for individual children and/or their family. Services are intended to address the mental health needs of children who need more support than what is offered through Early Intervention Services. Treatment is based on the child’s diagnosis and focuses on symptom reduction to improve functioning. Family therapy will include the identified child. An assessment and Plan of Care, which will describe the goals and interventions and will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.
 - *Mental Health Services-Group:* Group therapeutic service that focuses on reducing the symptoms of a diagnosable mental health problem, which is impairing their functioning. The group modality will be used for those children whose mental health concerns would be improved through the experience of interacting with peers who may have similar concerns. An assessment and Plan of Care, which will describe the goals and interventions, will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.

Units of Service (UOS) Description	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
Case Management	9,666	inclusive
Mental Health Services	234,334	960
Medication Support	42,461	inclusive
Crisis Intervention	1,020	inclusive
Total UOS Delivered	287,481	
Total UDC Served		960

6. Methodology

- A. Outreach, recruitment, promotion, and advertisement as necessary.

Fu Yau Project currently has Site Agreements with several large, state and federally funded child-care organizations (e.g. Head Start and San Francisco Unified School District). Fu Yau (FY) also works with community-based, non-profits such as Glide Child Care Center and Gum Moon Asian Women Resource Center/Asian Family Support Center. FY’s reputation is well known throughout the city so requests for consultation are often the result of word-of-mouth. Providers also respond to program/project brochures,

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which are distributed at various community outreach events attended by Fu Yau Consultants. The Project also participate in functions, such as conferences and trainings that allow the team the opportunity to discuss services and the mental health needs of children ages 0-5 with other professionals in the childcare & mental health fields, and the community at large.

B. Admission, enrollment and/or intake criteria and process where applicable.

The Fu Yau Project exclusively collaborates with assigned childcare centers, family childcare providers, and family resource centers. Fu Yau utilizes the internal referral process of the childcare providers when specific families or children need consultation services. Additionally, as a result of clinical observation by Fu Yau Consultants and in consultation with childcare providers, as indicated, families are approached to discuss the outcome of the observation/consultation and are offered services to address the identified needs. Before intensive consultation about individual cases begins, the program requires that the child's legal guardian complete a consent form, as well as the sites' in-house consent forms.

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

Consultation Services for Sites involve:

- Weekly or biweekly on-site observation and consultation to program
- Observation and consultation on specific, individual children as requested and needed
- In-services training to child care or family resource center staff
- Special events such as staff retreat and/or all day training for child care or family resource center staff as requested and needed
- Case consultation, crisis intervention, mental health intervention, referral and case management of specific children and families
- Consultants provide services during the operating hours of childcare or family resource center sites, usually 4 to 8 hours per week or biweekly between 8 a.m. to 6 p.m., Monday through Friday

Family Involvement – The families are invited to participate in the program through parenting classes. Details are as follows:

- Parenting classes in Chinese, Spanish, Japanese, and/or English are offered at each site. Topics may include, but are not limited to: child development, discipline, promoting a child's self-esteem, stress management, resources for families, child abuse/domestic violence prevention, dealing with extended families, parent/child relationship, and raising bicultural children.
- Parenting classes usually take place in the early evenings so that the working parents may participate after work. Childcare and refreshments are usually provided.
- Parent support groups usually follow the series of parenting classes, as parents develop a trusting relationship with each other and with the consultant. The frequency of the groups may be from once a week to once a month, depending on the parents' needs.
- Parent Advisory Committee meetings guide us in effectively targeting the concerns and problems of the community. These meetings take place four times a year, on Saturday mornings at Chinatown Child Development Center (CCDC) in Chinatown or at Fu Yau's office, whichever is the most centralized and convenient place for parents to gather. These meetings include one representative from each center and family childcare provider.
- Fu Yau Family Activities are organized at least once a year to provide an opportunity for psycho-education, discuss parenting issues, and support.

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- Fu Yau Parenting Group may be offered, and can meet bimonthly, to discuss parenting issues that related to the socio-emotional well-being of the parents' children. The group is co-facilitated and serves as a forum for parents who benefit from peer support and education. The facilitators offer parenting information and psycho-education.

Direct Services are also provided, which include, but are not limited to:

- Crisis intervention, mental health intervention, referral & linkage to long-term services at community agencies (SFUSD Special Education, Regional Center, Support Center for Families of Children with Disabilities, health and mental health agencies, etc.) for children and families. Most services are delivered at the childcare sites. However, some linkage services may be delivered in the community, and mental health services may be delivered either on-site, or at RAMS, depending on the private space available at childcare sites.
- Integrated play therapy groups, with a mixed group of three to 10 children, who have identified mental health issues (e.g., selective mutism, anxiety, under-socialized, etc.), and other "typically" developing children. These groups usually take place in the classroom during small group time or free play time, and last about six to 12 weeks. The size of the group and length of time for the session depends on the issues of the children as well as the program needs.
- Parent/Child play therapy groups, with identified children and their parents, are facilitated by the on-site Fu Yau Consultant and a childcare staff member. This group is a combination of parenting class and children's play therapy group. Parents and children are encouraged to play together with planned activities. Socialization skills and parenting skills are modeled on the spot by the mental health consultant. The size of the group is not more than six to eight pairs in order to maximize the effectiveness of the consultation. This group usually takes place in the late afternoon at the childcare site, to accommodate parents' work schedules.
- Child play treatment groups, with children with identified mental health issues. This group may last for most of the school year duration or be ongoing, involving two to six children who may have behavioral/social emotional concerns/difficulties. This group takes place on-site in the morning or early afternoon, during children's regular playtime.
- Psychiatry services and/or consultation, as needed.

Services for Family Childcare Providers include, but are not limited to:

1. Monthly psycho-education/support group meeting for providers with several neighborhoods
2. Weekly, monthly, or as needed visits and consultation with family child care providers
3. Monthly support/education meetings for parents/families of children who attend Wu Yee home-based and Head Start program

D. Describe your program's exit criteria and process, e.g. successful completion.

Site providers (staff/administrators) and Fu Yau Consultants, with support as needed from the Director of Fu Yau Project meet at least once a year to assess/evaluate the mental health consultation needs of each site. In each of these meetings, the site administrators may choose to refocus the services and/or request to change the intensity of consultation activities. For example, at a particular site, an administrator may choose to move from almost exclusively receiving direct individual/group services to more staff/programmatic consultation or to more work with parents in the form of workshops or trainings. Termination of consultation services will be done after extensive discussion with the site's director, Fu Yau Director, and the ECMHCI Coordinator.

E. Program staffing.

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See BHS Appendix B.

F. For Indirect Services: Describe how your program will deliver the purchased services.

No indirect services are provided.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 18-19.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording client's primary care provider at case opening. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Program Director monitors service/treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), service discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as documentation requirements.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. Clinical supervisors monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Staff also participate in a bi-annual peer review of documentation. Each staff person receives written feedback about issues such as chart order, legibility of documentation, adherence to timelines for completing various documentation tasks, and consistency between assessment and service plan. The Program Director and clinical supervisor(s) will ensure that corrections are made and additional trainings are offered to staff, if needed.

In addition to the program's documentation review, the RAMS Quality Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services

RAMS philosophy of care reflects values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are

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culturally competent and compatible with the backgrounds of consumers and their families and communities at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles) and case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision; supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of service indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement.
- Site/Client's preferred language for services is noted at initial meeting; during the site/case assignment process, the Program Director matches site/client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this informs the agency's strategic plan.
- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership

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includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.

- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

RAMS adheres to the ECMHCI satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. The program maintains a Parent Advisory Meeting (meets at least quarterly) to solicit feedback and support from parents/guardians. Parents are also directly involved in the development of program activities that target the entire parent population of sites covered by Fu Yau Project, share information about the needs of the sites they represent, and then they take what is learned from the meeting back to their sites to assist with the improvement of child care/FRC services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Timely completion and use of outcome data

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive service/treatment outcomes. Specifically, the data and other available analysis reports are reviewed and analyzed by the Program Director along with RAMS executive management. Management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Additional Required Language

- A. For BHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFP-10-2013.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

Appendix B

Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting

Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed \$446,820 (25%) of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

- Appendix B-1a Children Outpatient
- Appendix B-1b Children Outpatient SD
- Appendix B-2 Children Managed Care Outpatient
- Appendix B-3a Children-Wellness Center Mental Health
- Appendix B-3b Children-Wellness Center Substance Abuse
- Appendix B-3c MHSA PEI School – Based Wellness
- Appendix B-4 ECMHCI (Fu Yau) Project

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Nine Million Six Hundred Seventy Nine Thousand Two Hundred Five Dollars (\$9,679,205)** for the period of July 1, 2018 through June 30, 2020.

CONTRACTOR understands that, of this maximum dollar obligation, **\$1,037,058** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 through June 30, 2019	\$	4,267,727
July 1, 2019 through June 30, 2020	\$	4,374,420
Subtotal - July 1, 2018 through June 30, 2020	\$	8,642,147
Contingency	\$	1,037,058
TOTAL - July 1, 2018 through June 30, 2020	\$	9,679,205

CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

To provide for continuity of services while a new agreement was developed, the Department of Public Health established a contract with Richmond Area Multi Services, Inc for the same services and for a contract term which partially overlaps the term of this new agreement. The existing contract shall be superseded by this new agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this new agreement.

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH) 00343		Summary Page 1 of 2				
DHCS Legal Entity Name (MH)/Contractor Name (SA) Richmond Area Multi-Services, Inc.		Fiscal Year 2018-2019				
Contract CMS # 1000010839		Funding Notification Date 01/29/19				
Contract Appendix Number	B-1a	B-1b	B-2	B-#	B-#	B-#
Provider Number	3894	3894	3894			
Program Name(s)	Children Outpatient	Children Outpatient SD	Children Managed Care Outpatient			
Program Code(s)	38947	3894SD	3894MC			
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
						B-1 to B-2
						SUBTOTAL
FUNDING USES						
Salaries	\$ 494,839	\$ 248,857	\$ 52,780			\$ 796,476
Employee Benefits	\$ 158,348	\$ 79,635	\$ 16,890			\$ 254,872
Subtotal Salaries & Employee Benefits	\$ 653,187	\$ 328,492	\$ 69,670	\$ -	\$ -	\$ 1,051,348
Operating Expenses	\$ 64,433	\$ 32,403	\$ 10,101			\$ 106,937
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 717,620	\$ 360,895	\$ 79,771	\$ -	\$ -	\$ 1,158,285
Indirect Expenses	\$ 86,114	\$ 43,308	\$ 9,573			\$ 138,995
Indirect %	12.0%	12.0%	12.0%	0.0%	0.0%	0.0%
TOTAL FUNDING USES	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ 1,297,281
						Employee Fringe Benefits % See Next Page
BHS MENTAL HEALTH FUNDING SOURCES						
MH FED SDMC FFP (50%) CYF	\$ 288,496	\$ 128,777				\$ 415,273
MH STATE CYF 2011 PSR-EPSDT	\$ 183,566	\$ 21,875				\$ 205,441
MH Fed SDMC FFP (50%) Managed Care			\$ 4,200			\$ 4,200
MH STATE 2011 PSR Managed Care			\$ 55,800			\$ 55,800
MH MHSA (PEI)		\$ 53,854				\$ 53,854
MH STATE CYF 1991 Realignment	\$ 91,146	\$ 106,252				\$ 197,398
MH CYF COUNTY General Fund	\$ 142,526	\$ 93,445	\$ 29,344			\$ 265,315
MH CYF COUNTY General Fund (ERMHS)	\$ 100,000		\$ -			\$ 100,000
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ 1,297,281
BHS SUBSTANCE ABUSE FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ 1,297,281
NON-DPH FUNDING SOURCES						
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ 1,297,281

Prepared By Angela Tang, Director of Operation Phone Number 415-800-0699

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH) 00343					Summary Page 2 of 2	
DHCS Legal Entity Name (MH)/Contractor Name (SA) Richmond Area Multi-Services, Inc.					Fiscal Year 2018-2019	
Contract CMS # 1000010839					Funding Notification Date 01/29/19	
Contract Appendix Number	B-3a	B-3b	B-3c	B-4		
Provider Number	3894	388915	3894	3894		
Program Name(s)	Children-Wellness Center	Children-Wellness Center Substance Abuse	MHSA PEI - School-Based Wellness	High Quality Childcare Initiative (Fu Yau)		
Program Code(s)	38946	38946	3894	3894		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
					B-3 to B-4	B1 to B-5
					SUBTOTAL	TOTAL
FUNDING USES						
Salaries	\$ 1,102,859	\$ 203,401	\$ 213,954	\$ 825,468	\$ 2,345,682	\$ 3,142,158
Employee Benefits	\$ 330,858	\$ 61,020	\$ 64,186	\$ 247,640	\$ 703,705	\$ 958,577
Subtotal Salaries & Employee Benefits	\$ 1,433,717	\$ 264,421	\$ 278,140	\$ 1,073,108	\$ 3,049,387	\$ 4,100,735
Operating Expenses	\$ 64,799	\$ 11,951	\$ 9,001	\$ 77,080	\$ 162,831	\$ 269,768
Capital Expenses						
Subtotal Direct Expenses	\$ 1,498,516	\$ 276,372	\$ 287,141	\$ 1,150,188	\$ 3,212,218	\$ 4,370,503
Indirect Expenses	\$ 179,822	\$ 33,165	\$ 34,458	\$ 138,022	\$ 385,466	\$ 524,461
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 1,678,338	\$ 309,537	\$ 321,599	\$ 1,288,210	\$ 3,597,684	\$ 4,894,965
					Employee Fringe Benefits %	30.1%
BHS MENTAL HEALTH FUNDING SOURCES						
MH FED SDMC FFP (50%) CYF	\$ 87,500				\$ 87,500	\$ 502,773
MH STATE CYF 2011 PSR-EPSDT	\$ 84,750				\$ 84,750	\$ 290,191
MH WO HSA DMSF CH DHS Childcare	\$ -			\$ 350,999	\$ 350,999	\$ 350,999
MH WO DCYF MH High School	\$ 1,246,782				\$ 1,246,782	\$ 1,246,782
MH WO DCYF Child Care	\$ -			\$ 158,712	\$ 158,712	\$ 158,712
MH WO HSA MH ECE/PFA	\$ -			\$ 629,323	\$ 629,323	\$ 629,323
MH WO CFC School Readiness	\$ -			\$ 102,741	\$ 102,741	\$ 102,741
MH WO DCYF Violence Prevention	\$ 67,000				\$ 67,000	\$ 67,000
MH Fed SDMC FFP (50%) Managed Care	\$ -				\$ -	\$ 4,200
MH STATE 2011 PSR Managed Care	\$ -		\$ -		\$ -	\$ 55,800
MH MHSA (PEI)	\$ -		\$ 321,599	\$ 42,603	\$ 364,202	\$ 418,056
MH MHSA (CSS)	\$ 143,572				\$ 143,572	\$ 143,572
MH STATE CYF 1991 Realignment	\$ -	\$ -			\$ -	\$ 197,398
MH CYF COUNTY General Fund	\$ 17,584				\$ 17,584	\$ 282,879
MH CYF COUNTY General Fund (ERMHS)	\$ -		\$ -		\$ -	\$ 100,000
MH CYF COUNTY WO COBB	\$ 31,170			\$ 3,832	\$ 35,002	\$ 35,002
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,678,338	\$ -	\$ 321,599	\$ 1,288,210	\$ -	\$ 4,585,428
BHS SUBSTANCE ABUSE FUNDING SOURCES						
SA COUNTY - General Fund		\$ 173,166			\$ 173,166	\$ 173,166
SA WO - DCYF Wellness Centers		\$ 103,371			\$ 103,371	\$ 103,371
DCYF Joint Violence Prevention Initiative Work Order		\$ 33,000			\$ 33,000	\$ 33,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ 309,537	\$ -	\$ -	\$ 309,537	\$ 309,537
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,678,338	\$ 309,537	\$ 321,599	\$ 1,288,210	\$ -	\$ 4,894,965
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,678,338	\$ 309,537	\$ 321,599	\$ 1,288,210	\$ 3,597,684	\$ 4,894,965
Prepared By: Angela Tang, Director of Operations					Phone Number: 415-800-0699	

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

HCS Legal Entity Name (MH)/Contractor Name (SA) 00343						Appendix #	B-1a
Provider Name Richmond Area Multi-Services, Jr						Page #	1
Provider Number 3894						Fiscal Year	2018-2019
						Funding Notification Date	01/29/19
Program Name	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient		
Program Code	38947	38947	38947	38947	38947		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion		
Funding Term (mm/dd/yy - mm/dd/yy)	0701/18-06/30/19	0701/18-06/30/18	0701/18-06/30/19	0701/18-06/30/19	0701/18-06/30/19		TOTAL
FUNDING USES							
Salaries & Employee Benefits	8,245	584,524	35,437	130	26,850		653,187
Operating Expenses	616	57,660	3,496	13	2,649		64,433
Capital Expenses							
Subtotal Direct Expenses	6,861	642,184	38,933	143	29,499		717,619
Indirect Expenses	823	77,062	4,672	17	3,540		86,114
TOTAL FUNDING USES	7,684	719,246	43,605	160	33,038		803,734
BHS MENTAL HEALTH FUNDING SOURCES							
	Accounting Code (Index Code or Detail)						
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	2,739	256,380	15,543	57	11,777	286,496
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	1,755	184,269	9,959	37	7,546	183,566
MH STATE CYF 1991 Realignment	251962-10000-10001670-0001	871	81,565	4,945	18	3,747	91,146
MH CYF COUNTY General Fund	251962-10000-10001670-0001	2,319	217,032	13,158	48	9,969	242,526
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		7,684	719,246	43,605	160	33,039	803,734
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	Accounting Code (Index Code or Detail)						
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH FUNDING SOURCES							
	Accounting Code (Index Code or Detail)						
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		7,684	719,246	43,605	160	33,039	803,734
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		7,684	719,246	43,605	160	33,039	803,734
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	2,815	203,752	6,678	31	415		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61		
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24			Total UDC
Unduplicated Clients (UDC)	160	Included	Included	Included	Included		160

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children Outpatient
 Program Code: 38947

Appendix #: B-1 a & b
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 01/29/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		General Fund (251962-10000-10001670-0001)		MHSA-PEI (251984-17156-10031199-0020)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/19										
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.80	\$ 81,762	0.76	\$ 78,117	0.04	\$ 3,645				
Clinical Supervisor/Manager/Coordinator of S	0.43	\$ 32,250	0.41	\$ 30,812	0.02	\$ 1,438				
Child Psychiatrist/MD	0.06	\$ 22,880	0.05	\$ 21,860	0.00	\$ 1,020				
Behavioral Health Clinician/Counselor/Worke	9.60	\$ 528,044	9.17	\$ 504,502	0.43	\$ 23,542				
Intake Coordinator/Office Manager	0.30	\$ 15,436	0.29	\$ 14,748	0.01	\$ 688				
Admin Assistant/Receptionist	0.45	\$ 20,000	0.43	\$ 19,108	0.02	\$ 892				
Housekeeper/Janitor	0.20	\$ 5,824	0.19	\$ 5,564	0.01	\$ 260				
Quality Improvement Supervisor	0.50	\$ 37,500	0.48	\$ 35,828	0.02	\$ 1,672				
	0.00	\$ -								
	0.00	\$ -								
	0.00	\$ -								
	0.00	\$ -								
Totals:	12.34	\$ 743,696	11.79	\$ 710,539	0.55	\$ 33,157	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	32.00%	\$ 237,983	32.00%	\$ 227,373	32.00%	\$ 10,610	0.00%		0.00%	
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TOTAL SALARIES & BENEFITS	\$ 981,679	\$ 937,912	\$ 43,767	\$ -	\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children Outpatient
 Program Code: 38947

Appendix #: B-1 a & b
 Page #: 3

Fiscal Year: 2018-2019

Funding Notification Date: 01/29/19

Expense Categories & Line Items	TOTAL	General Fund	MHSA-PEI	Accounting Code 5	Accounting Code 6
		(251962-10000-10001670-0001)	(251984-17156-10031199-0020)	(Index Code or Detail)	(Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 53,500	\$ 51,115	\$ 2,385		
Utilities(telephone, electricity, water, gas)	\$ 10,250	\$ 9,793	\$ 457		
Building Repair/Maintenance	\$ 3,000	\$ 2,866	\$ 134		
Occupancy Total:	\$ 66,750	\$ 63,774	\$ 2,976	\$ -	\$ -
Office/Program Supplies	\$ 10,000	\$ 9,463	\$ 537		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ 10,000	\$ 9,463	\$ 537	\$ -	\$ -
Training/Staff Development	\$ 5,500	\$ 5,255	\$ 245		
Insurance	\$ 5,000	\$ 4,777	\$ 223		
Equipment Lease & Maintenance	\$ 3,000	\$ 2,866	\$ 134		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
General Operating Total:	\$ 13,500	\$ 12,898	\$ 602	\$ -	\$ -
Local Travel	\$ 500	\$ 478	\$ 22		
Out-of-Town Travel	\$ -	\$ -	\$ -		
Field Expenses	\$ -	\$ -	\$ -		
Staff Travel Total:	\$ 500	\$ 478	\$ 22	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -				
	\$ -				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -		
Recruitment/Direct Staff Expenses	\$ 4,086	\$ 3,904	\$ 182		
Translation Fees	\$ 2,000	\$ 1,911	\$ 89		
Other Total:	\$ 6,086	\$ 5,815	\$ 271	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 96,836	\$ 92,428	\$ 4,408	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Legal Entity Name (MH)/Contractor Name (SA) 00343					Appendix #	B-2
Provider Name Richmond Area Multi-Services, I					Page #	1
Provider Number 3894					Fiscal Year	2018-2019
					Funding Notification Date	01/29/19
	Children Managed Care Outpatient	Children Managed Care Outpatient	Children Managed Care Outpatient	Children Managed Care Outpatient		
Program Name	3894MC	3894MC	3894MC	3894MC		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		TOTAL
FUNDING USES						
Salaries & Employee Benefits	2,280	65,874	26	490		69,670
Operating Expenses	331	9,696	4	71		10,101
Capital Expenses						
Subtotal Direct Expenses	2,611	75,569	29	562		79,771
Indirect Expenses	313	9,188	4	67		9,573
TOTAL FUNDING USES	2,924	85,758	33	629		89,344
BHS-MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)					
MH FED SOMC FFP (50%) Managed Care	251984-17128-10031195-0002	137	4,031	2	30	4,200
MH STATE 2001 PSR Managed Care	251984-17128-10031195-0002	1,826	53,560	21	393	55,800
MH CYF COUNTY General Fund	251962-10000-10001670-0001	960	28,166	11	207	29,344
TOTAL BHS-MENTAL HEALTH FUNDING SOURCES		2,924	85,758	33	629	89,344
BHS-SUBSTANCE ABUSE FUNDING SOURCES	Accounting Code (Index Code or Detail)					
This row left blank for funding sources not in drop-down list						
TOTAL BHS-SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH FUNDING SOURCES	Accounting Code (Index Code or Detail)					
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		2,924	85,758	33	629	89,344
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES						
FUNDING SOURCES (DPH AND NON-DPH)		2,924	85,758	33	629	89,344
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	1,071	24,294	5	120		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute		0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24		
Unduplicated Clients (UDC)	15	Included	Included	Included		15

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children Managed Care Outpatient
 Program Code: 3894MC

Appendix #: B-2
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 01/29/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		Managed Care (251984-17128-10031195-0002)		MH CYF County General Fund (251962-1000-10001670-0001)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/18			07/01/18-06/30/19		07/01/18-06/30/19			
Behavioral Health Therapist/Counselor	1.00	\$ 52,780	0.67	\$ 35,445	0.33	\$ 17,334.98		
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	1.00	\$ 52,780	0.67	\$ 35,445	0.33	\$ 17,334.98	0.00	\$ -
Employee Fringe Benefits:	32.00%	\$ 16,890	32.00%	\$ 11,342	32.00%	\$ 5,547.19	0.00%	
TOTAL SALARIES & BENEFITS		\$ 69,670		\$ 46,787		\$ 22,882		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children Managed Care Outpatient
 Program Code: 3894MC

Appendix #: B-2
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 01/29/19

Expense Categories & Line Items	TOTAL	FFP Managed Car(251984-17128-10031195-0002)	MH CYF County General Fund (251962-1000-10001670-0001)	
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/18	07/01/18-06/30/19	07/01/18-06/30/19	
Rent	\$ 6,600	\$ 4,432	\$ 2,168	
Utilities(telephone, electricity, water, gas)	\$ 1,450	\$ 974	\$ 476	
Building Repair/Maintenance	\$ 135	\$ 91	\$ 44	
Occupancy Total:	\$ 8,185	\$ 5,497	\$ 2,688	\$ -
Office/Program Supplies	\$ 816	\$ 548	\$ 268	
	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
Materials & Supplies Total:	\$ 816	\$ 548	\$ 268	\$ -
Training/Staff Development	\$ 500	\$ 336	\$ 164	
Insurance	\$ 300	\$ 201	\$ 99	
Equipment Lease & Maintenance	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
General Operating Total:	\$ 800	\$ 537	\$ 263	\$ -
Local Travel	\$ -	\$ -		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -		
Recruitment/Direct Staff Expenses	\$ 300	\$ 201	\$ 99	
	\$ -	\$ -		
Other Total:	\$ 300	\$ 201	\$ 99	\$ -
TOTAL OPERATING EXPENSE	\$ 10,101	\$ 6,783	\$ 3,318	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Funding Notification Date		Funding Notification Date								Appendix #	B-3a
Funding Notification Date		Funding Notification Date								Page #	1
Funding Notification Date		Funding Notification Date								Fiscal Year	2018-2019
Funding Notification Date		Funding Notification Date								Funding Notification Date	01/29/19
Program Name	Children-Wellness Center Mental Health										
Program Code	38946	38946	38946	38946	38946	38946	38946	38946	38946		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57.59	15/60-69	15/70-79	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion						
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL	
FUNDING USES											
Salaries & Employee Benefits	23,321	101,923	11,156	10,743	1,065,060	41,739	57,234	122,541	1,433,717		
Operating Expenses	1,054	4,607	504	485	48,139	1,774	2,587	5,648	64,799		
Capital Expenses											
Subtotal Direct Expenses	24,375	106,530	11,661	11,228	1,113,199	43,513	59,821	128,189	1,498,516		
Indirect Expenses	2,925	12,784	1,399	1,347	133,583	5,221	7,179	15,383	179,822		
TOTAL FUNDING USES	27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338		
BHS MENTAL HEALTH FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	13,868	60,609	6,634	6,358				87,500		
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	13,432	58,705	6,426	6,188				84,750		
MH WO DCYF MH High School	251962-10002-10001799-0006					1,246,782			1,246,782		
MH MHA (CSS)	251984-17156-10031199-0017							143,572	143,572		
MH CYF COUNTY WO COBD	251962-10000-10001670-0001						31,170		31,170		
MH WO DCYF Violence Prevention	251962-10002-10001799-0003							67,000	67,000		
MH CYF COUNTY General Fund	251962-10000-10001670-0001						17,564		17,564		
This row left blank for funding sources not in drop-down list											
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338	
BHS SUBSTANCE ABUSE FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
This row left blank for funding sources not in drop-down list											
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	-	-	
OTHER DPH FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
This row left blank for funding sources not in drop-down list											
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-	-	-	
TOTAL DPH FUNDING SOURCES		27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338	
NON-DPH FUNDING SOURCES											
This row left blank for funding sources not in drop-down list											
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-	-	-	
G SOURCES (DPH AND NON-DPH)		27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338	
BHS UNITS OF SERVICE AND UNIT COST											
Number of Beds Purchased (if applicable)											
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)											
ly - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program											
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)			
DPH Units of Service	10,000	33,800	2,000	2,400	9,244	361	497	1,065			
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 134.87	\$ 134.87	\$ 134.87	\$ 134.87			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 134.87	\$ 134.87	\$ 134.87	\$ 134.87			
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24							
Unduplicated Clients (UDC)	25	Included	Included	Included	1,070	Included	Included	130		1,225	

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children-Wellness Center Mental Health
 Program Code: 38946

Appendix #: B-3a

Page #: 2

Fiscal Year: 2018-2019

Funding Notification Date: 01/29/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		MH Fed SDMC FFP CYF; MH State CYF (251962-10000- 10001670-0001)		DCYF WO (251962-10002-10001799- 0006)		MHSA-CSS (251984-17156- 10031199-0017)		MH CYF County General Fund (251962-10000- 10001670-0001)		DCYF WO Violence Prevention (251962- 10002-10001799-0003)	
	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.79	\$ 76,189	0.08	\$ 7,819	0.59	\$ 56,598	0.07	\$ 6,518	7.02	\$ 2,213	0.03	\$ 3,041
Clinical Supervisor	0.68	\$ 50,657	0.07	\$ 5,199	0.51	\$ 37,631	0.06	\$ 4,333	0.02	\$ 1,472	0.03	\$ 2,022
Child Psychiatrist/MD	0.04	\$ 17,561	0.00	\$ 1,802	0.03	\$ 13,045	0.00	\$ 1,502	0.00	\$ 511	0.00	\$ 701
Behavioral Health Counselor/Therapist	13.51	\$ 810,516	1.39	\$ 83,184	10.04	\$ 602,106	1.16	\$ 69,254	0.39	\$ 23,616	0.54	\$ 32,356
Program Coordinator	0.42	\$ 28,706	0.04	\$ 2,946	0.31	\$ 21,325	0.04	\$ 2,456	0.01	\$ 833	0.02	\$ 1,146
Senior Clinical Case Manager	0.84	\$ 54,034	0.09	\$ 5,546	0.62	\$ 40,140	0.07	\$ 4,622	0.02	\$ 1,569	0.03	\$ 2,157
Clinical Case Manager	0.84	\$ 48,969	0.09	\$ 5,026	0.62	\$ 36,377	0.07	\$ 4,189	0.02	\$ 1,422	0.03	\$ 1,955
Office Manager	0.08	\$ 3,910	0.01	\$ 401	0.06	\$ 2,905	0.01	\$ 334	0.00	\$ 114	0.00	\$ 156
Admin Assistant	0.38	\$ 12,317	0.04	\$ 1,264	0.28	\$ 9,150	0.03	\$ 1,054	0.01	\$ 357	0.02	\$ 492
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	17.58	\$ 1,102,859	1.80	\$ 113,187	13.06	\$ 819,277	1.50	\$ 94,262	0.51	\$ 32,107	0.70	\$ 44,026
Employee Fringe Benefits:	30.00%	\$ 330,858	30.00%	\$ 33,956	30.00%	\$ 245,783	30.00%	\$ 28,279	30.00%	\$ 9,632	30.00%	\$ 13,208
TOTAL SALARIES & BENEFITS		\$ 1,433,717		\$ 147,143		\$ 1,065,060		\$ 122,541		\$ 41,739		\$ 57,234

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children-Wellness Center Mental Health
 Program Code: 38946

Appendix #: B-3a
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 01/29/19

0	TOTAL	MH Fed SDMC FFP CYF; MH State CYF (251962-10000- 10001670-0001)	DCYF WO (251962-10002- 10001799-0006)	MHSA-CSS (251984-17156- 10031199-0017)	MH CYF County General Fund (251962-10000- 10001670-0001)	DCYF WO Violence Prevention (251962- 10002-10001799- 0003)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/16-06/30/17	07/01/16-06/30/18	
Rent	\$ 18,574	\$ 1,906	\$ 13,798	\$ 1,664	\$ 465	\$ 741	
Utilities(telephone, electricity, water, gas)	\$ 5,234	\$ 537	\$ 3,888	\$ 478	\$ 122	\$ 209	
Building Repair/Maintenance	\$ 4,221	\$ 433	\$ 3,136	\$ 361	\$ 122	\$ 169	
Occupancy Total:	\$ 28,029	\$ 2,876	\$ 20,822	\$ 2,503	\$ 709	\$ 1,119	\$ -
Office/Program Supplies	\$ 13,179	\$ 1,355	\$ 9,790	\$ 1,127	\$ 381	\$ 526	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 13,179	\$ 1,355	\$ 9,790	\$ 1,127	\$ 381	\$ 526	\$ -
Training/Staff Development	\$ 2,533	\$ 260	\$ 1,882	\$ 217	\$ 73	\$ 101	
Insurance	\$ 6,332	\$ 650	\$ 4,704	\$ 542	\$ 183	\$ 253	
Equipment Lease & Maintenance	\$ 929	\$ 95	\$ 690	\$ 79	\$ 28	\$ 37	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
General Operating Total:	\$ 9,794	\$ 1,005	\$ 7,276	\$ 838	\$ 284	\$ 391	\$ -
Local Travel	\$ 4,221	\$ 433	\$ 3,136	\$ 361	\$ 122	\$ 169	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 4,221	\$ 433	\$ 3,136	\$ 361	\$ 122	\$ 169	\$ -
Contractor for Supervision: Robert Solley, Ph.D. (\$50/hour), for 38 weeks	\$ 1,596	\$ 164	\$ 1,186	\$ 137	\$ 45	\$ 64	
(add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Consultant/Subcontractor Total:	\$ 1,596	\$ 164	\$ 1,186	\$ 137	\$ 45	\$ 64	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Recruitment/Direct Staff Expenses	\$ 5,488	\$ 563	\$ 4,077	\$ 469	\$ 160	\$ 219	
Client-Related Food	\$ 1,689	\$ 173	\$ 1,255	\$ 144	\$ 50	\$ 67	
Client-Related Other Activities	\$ 803	\$ 82	\$ 597	\$ 69	\$ 23	\$ 32	
Other Total:	\$ 7,980	\$ 818	\$ 5,929	\$ 682	\$ 233	\$ 318	\$ -
TOTAL OPERATING EXPENSE	\$ 64,799	\$ 6,651	\$ 48,139	\$ 5,648	\$ 1,774	\$ 2,587	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00343		Appendix # B-3b		
Provider Name Richmond Area Multi-Services, Inc.		Page # 1		
Provider Number 388915		Fiscal Year 2018-2019		
		Funding Notification Date 01/29/19		
Program Name	Children-Wellness Center Substance Abuse	Children-Wellness Center Substance Abuse	Wellness Center Substance Abuse	
Program Code	38946	38946	38946	
Mode/SFC (MH) or Modality (SA)	SecPrev-19	SecPrev-19	SecPrev-19	
Service Description	SA-Sec Prev Outreach	SA-Sec Prev Outreach	SA-Sec Prev Outreach	
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL
FUNDING USES				
Salaries & Employee Benefits	147,927	88,305	28,189	264,421
Operating Expenses	6,686	3,991	1,275	11,952
Capital Expenses				-
Subtotal Direct Expenses	154,613	92,296	29,464	276,373
Indirect Expenses	18,553	11,075	3,536	33,164
TOTAL FUNDING USES	173,166	103,371	33,000	309,537
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)			
				-
				-
This row left blank for funding sources not in drop-down list				
				-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES				-
BHS SUBSTANCE ABUSE FUNDING SOURCES	Accounting Code (Index Code or Detail)			
SA COUNTY - General Fund	240646-10000-10001661-0003	173,166		173,166
SA WO - DCYF Wellness Centers	240646-10002-10001973-0001		103,371	103,371
DCYF Joint Violence Prevention Initiative Work Order	240646-10002-10001973-0002			33,000
				-
This row left blank for funding sources not in drop-down list				
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		173,166	103,371	33,000
OTHER DPH FUNDING SOURCES	Accounting Code (Index Code or Detail)			
				-
This row left blank for funding sources not in drop-down list				
TOTAL OTHER DPH FUNDING SOURCES				-
TOTAL DPH FUNDING SOURCES		173,166	103,371	33,000
NON-DPH FUNDING SOURCES				
This row left blank for funding sources not in drop-down list				
TOTAL NON-DPH FUNDING SOURCES				-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		173,166	103,371	33,000
BHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased (if applicable)				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	355	212	68	
Unit Type	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rates (DPH FUNDING SOURCES ONLY)	\$ 488.00	\$ 488.00	\$ 488.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 488.00	\$ 488.00	\$ 488.00	
Published Rate (Medi-Cal Providers Only)				Total UDC
Unduplicated Clients (UDC)	200	Included	Included	200

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children-Wellness Center Substance Abuse
 Program Code: 38946

Appendix #: B-3b
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 01/29/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		General Fund (240646-10000-10001681-0003)		DCYF WO (240646-10002-10001973-0001)		DCYF WO Violence Prevention (240646-10002-10001973-0002)		Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)	
	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	Salaries	FTE	Salaries
Director	0.15	\$ 14,051	0.08	\$ 7,861	0.05	\$ 4,692	0.02	\$ 1,498			
Clinical Supervisor	0.12	\$ 9,343	0.07	\$ 5,227	0.04	\$ 3,120	0.01	\$ 996			
Child Psychiatrist/MD	0.01	\$ 3,239	0.01	\$ 1,812	0.00	\$ 1,082	0.00	\$ 345			
Behavioral Health Counselor/Therapist	2.49	\$ 149,484	1.39	\$ 83,627	0.83	\$ 49,921	0.27	\$ 15,937			
Program Coordinator	0.08	\$ 5,294	0.04	\$ 2,962	0.03	\$ 1,768	0.01	\$ 564			
Senior Clinical Case Manager	0.16	\$ 9,966	0.09	\$ 5,575	0.05	\$ 3,328	0.02	\$ 1,062			
Clinical Case Manager	0.16	\$ 9,031	0.09	\$ 5,052	0.05	\$ 3,016	0.02	\$ 963			
Office Manager	0.01	\$ 721	0.01	\$ 403	0.00	\$ 241	0.00	\$ 77			
Admin Assistant	0.07	\$ 2,272	0.04	\$ 1,271	0.02	\$ 759	0.01	\$ 242			
	0.00	\$ -									
	0.00	\$ -									
	0.00	\$ -									
Totals:	3.25	\$ 203,401	1.82	\$ 113,790	1.09	\$ 67,927	0.35	\$ 21,684	\$ -	0.00	\$ -

Employee Fringe Benefits:	30.00%	\$ 61,020	30.00%	\$ 34,137	30.00%	\$ 20,378	30.00%	\$ 6,505		0.00%	
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TOTAL SALARIES & BENEFITS		\$ 264,421		\$ 147,927		\$ 88,305		\$ 28,189	\$ -		\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children-Wellness Center Substance Abuse
 Program Code: 38946

Appendix #: B-3b
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 01/29/19

Expense Categories & Line Items	TOTAL	General Fund (240646-10000- 10001681-0003)	DCYF WO (240646-10002- 10001973-0001)	DCYF WO Violence Prevention (240646- 10002-10001973-	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 3,701	\$ 2,070	\$ 1,236	\$ 395		
Utilities (telephone, electricity, water, gas)	\$ 965	\$ 540	\$ 322	\$ 103		
Building Repair/Maintenance	\$ 779	\$ 436	\$ 260	\$ 83		
Occupancy Total:	\$ 5,445	\$ 3,046	\$ 1,818	\$ 581	\$ -	\$ -
Office/Program Supplies	\$ 2,146	\$ 1,201	\$ 717	\$ 229		
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Materials & Supplies Total:	\$ 2,146	\$ 1,201	\$ 717	\$ 229	\$ -	\$ -
Training/Staff Development	\$ 467	\$ 261	\$ 156	\$ 50		
Insurance	\$ 1,168	\$ 653	\$ 390	\$ 125		
Equipment Lease & Maintenance	\$ 171	\$ 96	\$ 57	\$ 18		
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
General Operating Total:	\$ 1,806	\$ 1,010	\$ 603	\$ 193	\$ -	\$ -
Local Travel	\$ 779	\$ 436	\$ 260	\$ 83		
Out-of-Town Travel	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -			
Staff Travel Total:	\$ 779	\$ 436	\$ 260	\$ 83	\$ -	\$ -
Contractor for Supervision: Robert Solley, Ph.D. (\$50/hour), for 38 weeks	\$ 304	\$ 170	\$ 102	\$ 32		
(add more Consultant/Subcontractor lines as necessary)	\$ -					
Consultant/Subcontractor Total:	\$ 304	\$ 170	\$ 102	\$ 32	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -			
Recruitment/Direct Staff Expenses	\$ 1,012	\$ 566	\$ 338	\$ 108		
Client-Related Food	\$ 311	\$ 174	\$ 104	\$ 33		
Client-Related Other Activities	\$ 148	\$ 83	\$ 49	\$ 16		
Other Total:	\$ 1,471	\$ 823	\$ 491	\$ 157	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 11,951	\$ 6,686	\$ 3,991	\$ 1,275	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name (SA) 00343		Appendix #	B-3c
Provider Name Richmond Area Multi-Services, Inc		Page #	1
Provider Number 3894		Fiscal Year	2018-2019
		Funding Notification Date	01/29/19
Program Name	MHSA PEI - School-Based Wellness		
Program Code	3894		
Mode/SFC (MH) or Modality (SA)	45/10-19 OS-MH		
Service Description	Promotion		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19		TOTAL
FUNDING USES			
Salaries & Employee Benefits	278,140		278,140
Operating Expenses	9,001		9,001
Capital Expenses			-
Subtotal Direct Expenses	287,141	-	287,141
Indirect Expenses	34,458		34,458
TOTAL FUNDING USES	321,599	-	321,599
BHS MENTAL HEALTH	Accounting Code (Index Code or Detail)		
NH MHSA (PEI)	251984-17156-100311199-0020	321,599	321,599
			-
			-
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	321,599	-	321,599
BHS SUBSTANCE ABUSE	Accounting Code (Index Code or Detail)		
			-
			-
This row left blank for funding sources not in drop-down list			
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
OTHER DPH FUNDING	Accounting Code (Index Code or Detail)		
			-
			-
This row left blank for funding sources not in drop-down list			
TOTAL OTHER DPH FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	321,599	-	321,599
NON-DPH FUNDING SOURCES			
			-
This row left blank for funding sources not in drop-down list			
TOTAL NON-DPH FUNDING SOURCES	-	-	-
(DPH AND NON-DPH)	321,599	-	321,599
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
A Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Capacity for Medi-Cal Provider with Narcotic Tx Program			
Payment Method	Fee-For-Service (FFS)		
DPH Units of Service	1,892		
Unit Type	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 170.00	\$ -	
Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 170.00	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	275		275

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: MHSA PEI - School-Based Wellness
 Program Code: 3894

Appendix #: B-3c
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 01/29/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		MHSA-PEI (251984-17156- 100311199-0020)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/19								
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.06	\$ 5,760	0.06	\$ 5,760				
Clinical Supervisor	0.10	\$ 7,500	0.10	\$ 7,500				
Child Psychiatrist/MD	0.03	\$ 12,480	0.03	\$ 12,480				
Behavioral Health Counselor/Therapist	1.00	\$ 64,000	1.00	\$ 64,000				
Clinical Case Manager	1.00	\$ 58,000	1.00	\$ 58,000				
Trauma/Grief & Loss Group Therapist/Counselor	1.00	\$ 63,000	1.00	\$ 63,000				
Office Manager	0.06	\$ 3,214	0.06	\$ 3,214				
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	3.25	\$ 213,954	3.25	\$ 213,954	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	30.00%	\$ 64,186	30.00%	\$ 64,186	0.00%		0.00%	
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TOTAL SALARIES & BENEFITS	\$ 278,140	\$ 278,140	\$ -	\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: MHSA PEI - School-Based Wellness
 Program Code: 3894

Appendix #: B-3c

Page #: 3

Fiscal Year: 2018-2019

Funding Notification Date: 01/29/19

Expense Categories & Line Items	TOTAL	MHSA-PEI (251984-17156- 100311199-0020)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 435	\$ 435		
Utilities(telephone, electricity, water, gas)	\$ 2,188	\$ 2,188		
Building Repair/Maintenance	\$ 2,050	\$ 2,050		
Occupancy Total:	\$ 4,673	\$ 4,673	\$ -	\$ -
Office/Program Supplies	\$ 180	\$ 180		
	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
Materials & Supplies Total:	\$ 180	\$ 180	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 800	\$ 800		
Equipment Lease & Maintenance	\$ 20	\$ 20		
	\$ -	\$ -		
	\$ -	\$ -		
General Operating Total:	\$ 1,320	\$ 1,320	\$ -	\$ -
Local Travel	\$ 379	\$ 379		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ 379.00	\$ 379.00	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -		
Recruitment/Direct Staff Expenses	\$ 900	\$ 900		
Client-Related Food	\$ 1,500	\$ 1,500		
Client-Related Other Activities	\$ 49	\$ 49		
Other Total:	\$ 2,449	\$ 2,449	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 9,001	\$ 9,001	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting Data Collection (CRDC)

Entity Name (MH)/Contractor Name (SA) - DPH 1 - B1 B2 Budget Summary/B2 Provider Name: Richmond Area Multi-Services, Inc. Provider Number: 3894														Appendix #	B-4	
														Page #	1	
														Fiscal Year	2018-2019	
														Funding Notification Date	01/29/19	
Program Name	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)								
Program Code	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894		
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage	Outreach Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indiv/Family	Outreach Svcs MH Services Group (5% Cap)			
Funding Term (mm/dd/yyyy - mm/dd/yyyy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			TOTAL
FUNDING USES																
Salaries & Employee Benefits	149,852	79,222	467,563	16,708	95,724	103,804	88,737	10,751	10,751	17,297	10,809	10,751	11,141			1,073,108
Operating Expenses	10,763	5,690	33,584	1,200	6,875	7,456	6,374	772	772	1,242	777	772	802			77,080
Capital Expenses																
Subtotal Direct Expenses	160,615	84,912	501,147	17,906	102,599	111,260	95,111	11,523	11,523	18,539	11,586	11,523	11,943			1,150,188
Indirect Expenses	19,274	10,190	60,138	2,149	12,312	13,351	11,413	1,383	1,383	2,225	1,390	1,383	1,431			138,022
TOTAL FUNDING USES	179,889	95,102	561,285	20,055	114,911	124,611	106,524	12,906	12,906	20,764	12,976	12,906	13,374			1,288,210
BHS MENTAL HEALTH FUNDING SOURCES																
MH WO HSA DMSF CH DHS Childcare	251962-10002-10001803-0001	56,119	21,057	154,463	3,496	31,556	35,142	29,060	3,496	3,496	3,496	3,551	3,496	3,561		350,989
MH WO DCYF Child Care	251962-10002-10001799-0007	25,355	4,797	87,322	1,566	11,062	9,496	7,930	1,566	1,566	3,133	1,626	1,566	1,726		158,712
MH WO HSA MH ECE/PFA	251962-10002-10001803-0008	88,065	56,614	270,603	12,581	44,033	56,614	6,290	6,290	12,661	6,252	6,290	6,496			629,323
MH WO CFC School Readiness	251962-10002-10001803-0013	7,209	8,239	36,987	1,030	19,480	19,387	10,298	1,030	1,030	987	1,030	1,005			102,741
MH MHSA (PE)	251984-17156-10031193-0020	2,674	4,291	10,211	1,267	8,496	9,783	3,433	429	429	439	429	373			42,603
MH CYF COUNTY WO CODB	251962-10000-10001670-0001	567	95	1,699	95	284	189	189	95	95	121	95	213			3,832
This row left blank for funding sources not in drop-down list																
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	179,889	95,102	561,285	20,055	114,911	124,611	106,524	12,906	12,906	20,764	12,976	12,906	13,374			1,288,210
BHS SUBSTANCE ABUSE FUNDING SOURCES																
This row left blank for funding sources not in drop-down list																
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES																
OTHER DPH FUNDING SOURCES																
This row left blank for funding sources not in drop-down list																
TOTAL OTHER DPH FUNDING SOURCES																
TOTAL DPH FUNDING SOURCES	179,889	95,102	561,285	20,055	114,911	124,611	106,524	12,906	12,906	20,764	12,976	12,906	13,374			1,288,210
NON-DPH FUNDING SOURCES																
This row left blank for funding sources not in drop-down list																
TOTAL NON-DPH FUNDING SOURCES																
FUNDING SOURCES (DPH AND NON-DPH)	179,889	95,102	561,285	20,055	114,911	124,611	106,524	12,906	12,906	20,764	12,976	12,906	13,374			1,288,210
BHS UNITS OF SERVICE AND UNIT COST																
Number of Beds Purchased (if applicable)																
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)																
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program																
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)									
DPH Units of Service	1,894	1,001	5,908	211	1,210	1,312	1,121	136	136	219	108	136	111			
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour									
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 95.00	\$ 120.00			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 95.00	\$ 120.00			
Published Rate (Medi-Cal Providers Only)																
Unduplicated Clients (UDC)	3,198	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included			Total UDC
																3,198

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: High Quality Childcare Initiative (Fu Yau)
 Program Code: 3894

Appendix #: B-4
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 01/29/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		HSA (251962-10002-10001803-0001)		DCYF - WO (251962-10002-10001799-0007)		SFCFC - PFA (251962-10002-10001803-0008)		SFCFC - SRI (251962-10002-10001800-0003)		MHSA (251984-17156-10031199-0020)		General Fund (251962-10000-10001670-0001)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/19														
Director	0.10	\$ 10,176	0.03	\$ 2,773	0.01	\$ 1,254	0.05	\$ 4,971	0.01	\$ 812	0.00	\$ 337	0.00	\$ 29
Clinical Manager	0.50	\$ 37,500	0.14	\$ 10,218	0.06	\$ 4,620	0.24	\$ 18,320	0.04	\$ 2,991	0.02	\$ 1,240	0.00	\$ 111
Clinical Supervisor	0.23	\$ 29,422	0.06	\$ 8,017	0.03	\$ 3,625	0.11	\$ 14,373	0.02	\$ 2,347	0.01	\$ 973	0.00	\$ 87
Mental Health Consultant	11.66	\$ 699,831	3.18	\$ 190,683	1.44	\$ 86,222	5.70	\$ 341,885	0.93	\$ 55,815	0.39	\$ 23,144	0.03	\$ 2,082
Administrative Assistant	1.20	\$ 48,539	0.33	\$ 13,225	0.15	\$ 5,980	0.59	\$ 23,713	0.10	\$ 3,871	0.04	\$ 1,605	0.00	\$ 145
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	13.69	\$ 825,468	3.73	\$ 224,916	1.69	\$ 101,701	6.69	\$ 403,262	1.09	\$ 65,836	0.45	\$ 27,299	0.04	\$ 2,454
Employee Fringe Benefits:	30.00%	\$ 247,640	30.00%	\$ 67,475	30.00%	\$ 30,510	30.00%	\$ 120,979	30.00%	\$ 19,751	30.00%	\$ 8,190	30.00%	\$ 736
TOTAL SALARIES & BENEFITS		\$ 1,073,108		\$ 292,391		\$ 132,211		\$ 524,241		\$ 85,587		\$ 35,489		\$ 3,191

PH 4: Operating Expenses Detail

Program Name: High Quality Childcare Initiative (Fu Yau)
 Program Code: 3894

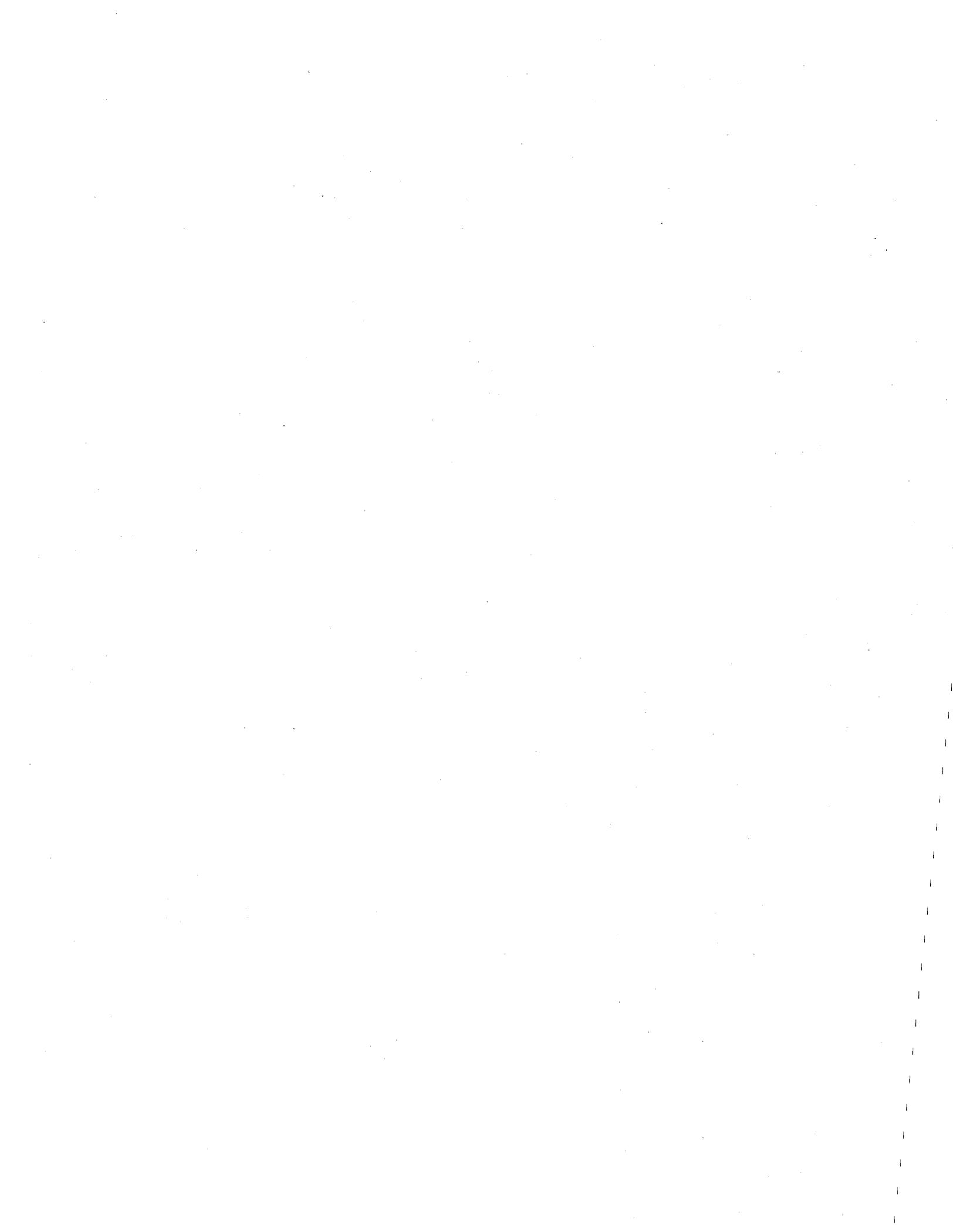
Appendix #: B-4
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 01/29/19

Expense Categories & Line Items	TOTAL	HSA (251962-10002- 10001803-0001)	DCYF - WO (251962-10002- 10001799-0007)	SFCFC - PFA (251962-10002-1000- 10001803-0008)	SFCFC - SRI (251962-10002- 10001800-003)	MHSA (251984-17156- 10031199-0020)	General Fund (251962-10000- 10001670-0001)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19
Rent	\$ 23,280	\$ 6,343	\$ 2,868	\$ 11,373	\$ 1,857	\$ 770	\$ 69
Utilities (telephone, electricity, water, gas)	\$ 15,000	\$ 4,087	\$ 1,848	\$ 7,328	\$ 1,196	\$ 496	\$ 45
Building Repair/Maintenance	\$ 500	\$ 136	\$ 62	\$ 244	\$ 40	\$ 17	\$ 1
Occupancy Total:	\$ 38,780	\$ 10,566	\$ 4,778	\$ 18,945	\$ 3,093	\$ 1,283	\$ 115
Office/Program Supplies	\$ 1,500	\$ 409	\$ 185	\$ 733	\$ 120	\$ 50	\$ 3
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 1,500	\$ 409	\$ 185	\$ 733	\$ 120	\$ 50	\$ 3
Training/Staff Development	\$ 2,500	\$ 681	\$ 308	\$ 1,221	\$ 199	\$ 83	\$ 8
Insurance	\$ 4,600	\$ 1,253	\$ 567	\$ 2,247	\$ 367	\$ 152	\$ 14
Equipment Lease & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General Operating Total:	\$ 7,100	\$ 1,934	\$ 875	\$ 3,468	\$ 566	\$ 235	\$ 22
Local Travel	\$ 6,000	\$ 1,635	\$ 739	\$ 2,931	\$ 479	\$ 198	\$ 18
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 6,000	\$ 1,635	\$ 739	\$ 2,931	\$ 479	\$ 198	\$ 18
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -						
Contractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Recruitment/Direct Staff Expenses	\$ 19,500	\$ 5,313	\$ 2,402	\$ 9,526	\$ 1,555	\$ 645	\$ 59
Client-Related Food	\$ 3,000	\$ 817	\$ 370	\$ 1,466	\$ 239	\$ 99	\$ 9
Client-Related Other Activities	\$ 1,200	\$ 327	\$ 148	\$ 586	\$ 96	\$ 40	\$ 3
Other Total:	\$ 23,700	\$ 6,457	\$ 2,920	\$ 11,578	\$ 1,890	\$ 784	\$ 71
TOTAL OPERATING EXPENSE	\$ 77,080	\$ 21,001	\$ 9,497	\$ 37,655	\$ 6,148	\$ 2,550	\$ 229

Appendix C
Richmond Area Multi Services, Inc.(Children, ID#1000010839)
7/1/18

Appendix C

Reserved



Appendix D
Richmond Area Multi Services, Inc.(Children, ID#1000010839)
7/1/18

Appendix D
Reserved

Appendix E

HIPAA Business Associate Agreement

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Richmond Area Multi Services, Inc., the Business Associate (“BA”), dated July 1, 2018, FSP #1000003053 (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

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San Francisco Department of Public Health Business Associate Agreement

c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

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San Francisco Department of Public Health

Business Associate Agreement

m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304

n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. **Attestations.** Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. **User Training.** The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

c. **Permitted Uses.** BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].

d. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the

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Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to

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San Francisco Department of Public Health Business Associate Agreement

provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(D)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.



San Francisco Department of Public Health
Business Associate Agreement

c. **Effect of Termination.** Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195
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PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...					Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?					
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?					
	If yes:	Name & Title:	Phone #	Email:		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]					
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]					
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?					
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?					

II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...					Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?					
H	Have evidence in each patient's / client's chart or electronic file that a <u>Privacy Notice</u> that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)					
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?					
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?					
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?					

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)	Signature	Date
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IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195
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DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...		Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]		
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?		
	Date of last Data Security Risk Assessment/Audit:		
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:		
C	Have a formal Data Security Awareness Program?		
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?		
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?		
	If yes: Name & Title: Phone #: Email:		
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]		
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]		
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?		
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?		

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)	Signature	Date
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III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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Appendix F
Richmond Area Multi Services, Inc.(Children, ID#1000008292)
7/1/17

Appendix F
Invoice

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
 PAGE A

Control Number

BHS

Contractor: Richmond Area Multi-Services, Inc. - Children

Address: 639 14th Avenue., San Francisco, CA 94118

Tel No.: (415) 688-5955
 Fax No.: (415) 688-0248

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M45 JL 18

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: MH Fed/ State/ State CY/ CYF Cnly GF

Invoice Period: July 2018

Final Invoice: (Check If Yes)

ACE Control Number:

Undeveloped Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Regis. Unit Modality/Code # - Svc Func (M/C)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered In Date		% of TOTAL		Remaining Deliverables	
	UDS	CLIENTS	UDS	CLIENTS			UDS	CLIENTS	UDS	CLIENT	UDS	CLIENTS
B-1b Children Outpatient SD PCA - 3894SD (HMMHCP781994)												
15/ 01 - 09 OP - Case Mgt Brokerage	981				\$ 2.73	\$ -	0.000		0.00%		981.000	\$ 2,678.13
15/ 10 - 57, 59 OP - MH Svcs	78,745				\$ 3.53	\$ -	0.000		0.00%		78,745.000	277,969.85
15/ 60 - 69 OP - Medication Support	593				\$ 6.53	\$ -	0.000		0.00%		593.000	3,872.29
15/ 70 - 79 OP - Crisis Intervention	40				\$ 5.24	\$ -	0.000		0.00%		40.000	209.60
45/ 10 - 19 Admin Wk					\$ 49.07	\$ -	0.000		#DIV/0!		0.000	-
45/ 10 - 19 OS - MH Promotion	824				\$ 79.61	\$ -	0.000		0.00%		824.000	65,598.64
B-1a Children Outpatient PCA - 38947 (HMMHCP781994)												
45/ 10 - 19 OS - MH Promotion	415				\$ 79.61	\$ -	0.000		0.00%		415.000	33,038.15
15/ 01 - 09 OP - Case Mgt Brokerage	2,815				\$ 2.73	\$ -	0.000		0.00%		2,815.000	7,684.95
15/ 10 - 57, 59 OP - MH Svcs	203,752				\$ 3.53	\$ -	0.000		0.00%		203,752.000	719,244.58
15/ 60 - 69 OP - Medication Support	6,678				\$ 6.53	\$ -	0.000		0.00%		6,678.000	43,607.34
15/ 70 - 79 OP - Crisis Intervention	31				\$ 5.24	\$ -	0.000		0.00%		31.000	162.44
B-2a Children Wellness Center Mental Health PCA - 38948 (HMMHCP781994)												
15/ 01 - 09 OP - Case Mgt Brokerage	10,000				\$ 2.73	\$ -	0.000		0.00%		10,000.000	27,300.00
15/ 10 - 57, 59 OP - MH Svcs	33,600				\$ 3.53	\$ -	0.000		0.00%		33,600.000	119,314.00
15/ 60 - 69 OP - Medication Support	2,000				\$ 6.53	\$ -	0.000		0.00%		2,000.000	13,060.00
15/ 70 - 79 OP - Crisis Intervention	2,400				\$ 5.24	\$ -	0.000		0.00%		2,400.000	12,576.00
TOTAL	343,074		0.000				0.000		0.00%		343,074.000	\$ 1,326,316.95
	Budget Amount				\$ 1,326,332.00		\$ -		0.00%		\$ 1,326,332.00	

Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 1,326,332.00
NOTES:					
SUBTOTAL AMOUNT DUE \$ -					
Less: Initial Payment Recovery					
(For DPH Use) Other Adjustments					
NET REIMBURSEMENT \$ -					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
 PAGE A

Control Number

Contractor: Richmond District Area Multi-Services Inc. Children

Address: 639 14th Avenue., San Francisco, CA 94118

Telephone No.: (415) 668-5955
 Fax No.: (415) 668-0246

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: M46 JL 18

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: MH WO - DCYF ChildCare

Invoice Period: July 2018

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Reprg. Unit Modality/Mode # - Svc Func. (Ref Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4 ECMHCI (Fu Yau) Project PC# - 3894 - (HMHMCHDCYFWO)	251962-10002-10001799-0007											
45/ 10 - 19 Outreach Svcs Consultation Indiv	273,000				\$ 95.00	\$ -	0.00%				273,000	
45/ 10 - 19 Outreach Svcs Consultation Group	51,000				\$ 95.00	\$ -	0.00%				51,000	
45/ 10 - 19 Outreach Svcs Consultation Observ	937,000				\$ 95.00	\$ -	0.00%				937,000	
45/ 10 - 19 Outreach Svcs Staff Training	18,000				\$ 95.00	\$ -	0.00%				18,000	
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	119,000				\$ 95.00	\$ -	0.00%				119,000	
45/ 10 - 19 Outreach Svcs Early Ref/ Linkage	102,000				\$ 95.00	\$ -	0.00%				102,000	
45/ 10 - 19 Svcs Consultant Train/Supv (10% Cap)	85,000				\$ 95.00	\$ -	0.00%				85,000	
45/ 10 - 19 Outreach Svcs Evaluation (5% Cap)	18,000				\$ 92.00	\$ -	0.00%				18,000	
45/ 10 - 19 Svcs Systems Work (5% Cap)	18,000				\$ 95.00	\$ -	0.00%				18,000	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	34,000				\$ 95.00	\$ -	0.00%				34,000	
45/ 10 - 19 Outreach Svcs Early Interv Group (15% Cap)	15,000				\$ 120.00	\$ -	0.00%				15,000	
45/ 10 - 19 Outreach Svcs MH Svcs Indv/ Family	17,000				\$ 95.00	\$ -	0.00%				17,000	
45/ 10 - 19 Svcs MH Svcs Group (5% Cap)	16,000				\$ 120.00	\$ -	0.00%				16,000	
TOTAL	1,703		0.00%			\$ -	0.00%				1,703,000	\$ 162,506.00
Budget Amount					\$ 162,543.00							
						\$ -		0.00%				\$ 162,543.00

SUBTOTAL AMOUNT DUE \$ -
 Less: Initial Payment Recovery
 (For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:
 MH WO - 251962-10002-10001799-0007 - \$158,711.00
 Cnty WO CDDB - 25962-10000-10001670-0001 - \$3,832.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M50 JL 18
 Ct. Blanket No.: BPHM TBD User Cd
 Ct. PO No.: POHM TBD
 Fund Source: MH - MHSA (PEI)
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number: 1222

Contractor: **Richmond Area Multi-Services, Inc. Children**

Address: 639 14th Avenue., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unduplicated Counts for APRR Use Only

DELIVERABLES Program Name/Reply Unit Modality/Mode # - Svc Funct (Unit Day)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4 ECMHCI (Fu Yau) Project PC# - 3894 - (HM/MFPROP63-PMHS63-1810) 251984-17156-10031168-0024												
45/ 10 - 19 Outreach Svcs Consultation Indiv	27				\$ 95.00	\$ -	0.000		0.00%		27.000	2,565.00
45/ 10 - 19 Outreach Svcs Consultation Grp	45				\$ 95.00	\$ -	0.000		0.00%		45.000	4,275.00
45/ 10 - 19 Outreach Svcs Consultation Observ	107				\$ 95.00	\$ -	0.000		0.00%		107.000	10,165.00
45/ 10 - 19 Outreach Svcs Staff Training	14				\$ 95.00	\$ -	0.000		0.00%		14.000	1,330.00
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	89				\$ 95.00	\$ -	0.000		0.00%		89.000	8,455.00
45/ 10 - 19 Outreach Svcs Early Ref/ Linkage	103				\$ 95.00	\$ -	0.000		0.00%		103.000	9,785.00
45/ 10 - 19 Svcs Consultant Train/Supv (10% Cap)	36				\$ 95.00	\$ -	0.000		0.00%		36.000	3,420.00
45/ 10 - 19 Outreach Svcs Evaluation (5% Cap)	5				\$ 95.00	\$ -	0.000		0.00%		5.000	475.00
45/ 10 - 19 Svcs Systems Work (5% Cap)	5				\$ 95.00	\$ -	0.000		0.00%		5.000	475.00
45/ 10 - 19 Outreach Svcs Early Interv Indiv	4				\$ 95.00	\$ -	0.000		0.00%		4.000	380.00
45/ 10 - 19 Outreach Svcs Early Interv Group (15% Cap)	4				\$ 120.00	\$ -	0.000		0.00%		4.000	480.00
45/ 10 - 19 Outreach Svcs MH Svcs Indiv/ Family	4				\$ 95.00	\$ -	0.000		0.00%		4.000	380.00
45/ 10 - 19 Svcs MH Svcs Group (5% Cap)	3				\$ 120.00	\$ -	0.000		0.00%		3.000	360.00
TOTAL	446		0.000				0.000		0.00%		446.000	42,545.00
Budget Amount					\$ 42,603.00		\$ -		0.00%		\$ 42,603.00	

SUBTOTAL AMOUNT DUE	\$ -	NOTES:
Less: Initial Payment Recovery		
(For DPH Use) Other Adjustments		
NET REIMBURSEMENT	\$ -	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Service-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
 PAGE A

Control Number

Contractor: Richmond Area Multi-Services, Inc.-Children

Address: 639 14th Avenue., San Francisco, CA 94118

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: M52 JL 18

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: MH WO - CFC School Readiness

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Reptg, Unit Modality/Mode# - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4. ECMHCI (Fu Yau) Project, PC# - 389404 - (HMHMCHSRIPWO)	251962	10002-10001800-0003										
45/ 10 - 19 Outreach Svcs Consultation Indiv	76				\$ 95.00	\$ -	0.000		0.00%		76.000	\$ 7,220.00
45/ 10 - 19 Outreach Svcs Consultation Grp	87				\$ 95.00	\$ -	0.000		0.00%		87.000	8,265.00
45/ 10 - 19 Outreach Svcs Consultation Observ	389				\$ 95.00	\$ -	0.000		0.00%		389.000	36,955.00
45/ 10 - 19 Outreach Svcs Staff Training	11				\$ 95.00	\$ -	0.000		0.00%		11.000	1,045.00
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	205				\$ 95.00	\$ -	0.000		0.00%		205.000	19,475.00
45/ 10 - 19 Outreach Svcs Early Ref/ Linkage	141				\$ 95.00	\$ -	0.000		0.00%		141.000	13,395.00
45/ 10 - 19 Svcs Consultant Train/Supv (10% Cap)	108				\$ 95.00	\$ -	0.000		0.00%		108.000	10,260.00
45/ 10 - 19 Outreach Svcs Evaluation (5% Cap)	11				\$ 95.00	\$ -	0.000		0.00%		11.000	1,045.00
45/ 10 - 19 Svcs Systems Work (5% Cap)	11				\$ 95.00	\$ -	0.000		0.00%		11.000	1,045.00
45/ 10 - 19 Outreach Svcs Early Interv Indiv	11				\$ 95.00	\$ -	0.000		0.00%		11.000	1,045.00
45/ 10 - 19 Outreach Svcs Early Interv Group (15% Cap)	8				\$ 120.00	\$ -	0.000		0.00%		8.000	960.00
45/ 10 - 19 Outreach Svcs MH Svcs Indiv/ Family	11				\$ 95.00	\$ -	0.000		0.00%		11.000	1,045.00
45/ 10 - 19 Svcs MH Svcs Group (5% Cap)	8				\$ 120.00	\$ -	0.000		0.00%		8.000	960.00
TOTAL	1,077	 	0.000	 	 	 	0.000	 	0.00%	 	1,077.000	\$ 102,715.00

Budget Amount	\$ 102,741.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 102,741.00
SUBTOTAL AMOUNT DUE	\$ -	NOTES:					
Less: Initial Payment Recovery	\$ -						
(For DPH Use) Other Adjustments	\$ -						
NET REIMBURSEMENT	\$ -						

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Richmond Area Multi-Services, Inc. - Children

Address: 639 14th Avenue., San Francisco, CA 94118

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Community Behavioral Health Services

BHS

INVOICE NUMBER: M54 JL 18

Ct. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: MH WO CFC MH Pre-School

Invoice Period: July 2018

Final Invoice: (Check if Yes)

Ace Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Rept. Unit Modality/Mode # - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4 ECMHCI (Fu Yeu) Project PC# - 388404 - (HMHCHPFAPWO) 251882-18002-10001803-0003												
45/ 10 - 19 Outreach Svcs Consultation Indlv	927				\$ 95.00	\$ -	0.000		0.00%	927.000		\$ 88,065.00
45/ 10 - 19 Outreach Svcs Consultation Grp	596				\$ 95.00	\$ -	0.000		0.00%	596.000		\$ 56,620.00
45/ 10 - 19 Outreach Svcs Consultation Observ	2,848				\$ 95.00	\$ -	0.000		0.00%	2,848.000		\$ 270,560.00
45/ 10 - 19 Outreach Svcs Staff Training	133				\$ 95.00	\$ -	0.000		0.00%	133.000		\$ 12,635.00
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	464				\$ 95.00	\$ -	0.000		0.00%	464.000		\$ 44,080.00
45/ 10 - 19 Outreach Svcs Early Ref/ Linkage	596				\$ 95.00	\$ -	0.000		0.00%	596.000		\$ 56,620.00
45/ 10 - 19 Svcs Consultant Train/Supv (10% Cap)	596				\$ 95.00	\$ -	0.000		0.00%	596.000		\$ 56,620.00
45/ 10 - 19 Outreach Svcs Evaluation (5% Cap)	66				\$ 95.00	\$ -	0.000		0.00%	66.000		\$ 6,270.00
45/ 10 - 19 Svcs Systems Work (5% Cap)	66				\$ 95.00	\$ -	0.000		0.00%	66.000		\$ 6,270.00
45/ 10 - 19 Outreach Svcs Early Interv Indiv	133				\$ 95.00	\$ -	0.000		0.00%	133.000		\$ 12,635.00
45/ 10 - 19 Outreach Svcs Early Interv Group (15% Cap)	52				\$ 120.00	\$ -	0.000		0.00%	52.000		\$ 6,240.00
45/ 10 - 19 Outreach Svcs MH Svcs Indiv/ Family	66				\$ 95.00	\$ -	0.000		0.00%	66.000		\$ 6,270.00
45/ 10 - 19 Svcs MH Svcs Group (5% Cap)	54				\$ 120.00	\$ -	0.000		0.00%	54.000		\$ 6,480.00
TOTAL	6,597		0.000				0.000		0.00%	6,597.000		\$ 629,365.00
Budget Amount					\$ 629,323.00				0.00%			\$ 629,323.00
SUBTOTAL AMOUNT DUE \$ - Less: Initial Payment Recovery _____ (For DPH Use) Other Adjustments _____ NET REIMBURSEMENT \$ -												

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: **M56 JL 18**

Contractor: **Richmond Area Multi-Services, Inc. Children**

Cl. Blanket No.: **BPHM** **TBD**

Address: **639 14th Avenue., San Francisco, CA 94118**

CLPO No.: **POHM** **TBD** **User Cd**

Tel No.: **(415) 668-5955**
Fax No.: **(415) 668-0246**

BHS

Fund Source: **MH Sate - 2011 PSR Managed Care**

Invoice Period: **July 2018**

Funding Term: **07/01/2018 - 06/30/2019**

Final Invoice: _____ (Check if Yes)

PHP Division: **Behavioral Health Services**

ACE Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-2 Children Managed Care Outpatient PC# - 3894MC HMMOPMGGCAR PHMGDC-17	719				\$ 2.73	\$ -	0.000		0.00%		719.000	
15/ 01 - 09 OP - Case Mgt Brokerage	16,315				\$ 3.53	\$ -	0.000		0.00%		16,315.000	
15/ 70 - 69 OP - Medication Support	3				\$ 6.53	\$ -	0.000		0.00%		3.000	
15/ 70 - 79 OP - Crisis Intervention	81				\$ 5.24	\$ -	0.000		0.00%		81.000	
TOTAL	17,118		0.000				0.000		0.00%		17,118.000	

\$ 1,862.87
\$ 57,591.95
\$ 19.59
\$ 424.44

\$ 59,986.85

Budget Amount	Expenses To Date	% of Budget	Remaining Budget
\$ 60,000.00	\$ -	0.00%	\$ 60,000.00

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

[]

INVOICE NUMBER: M60 JL 18

Contractor: Richmond Area Multi-Services, Inc. Children

CL Blanket No.: BPHM TBD

Address: 639 14th Avenue., San Francisco, CA 94118

CLPO No.: POHM TBD

Tel No.: (415) 668-5955
Fax No.: (415) 668-0246

BHS

Fund Source: MH CYF County General Fund

Funding Term: 07/01/2018 - 08/30/2019

Invoice Period: July 2018

PHP Division: Behavioral Health Services

Final Invoice: [] (Check if Yes)

ACE Control Number: []

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (M only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-2 Children Managed Care Outpatient PC# - 3894MC HMHM CP721524												
15/01 - 09 OP - Case Mgt Brokerage	352				\$ 2.73	\$ -	0.000		0.00%		352.000	
15 / 10 - 57, 59 OP - MH Svcs	7,979				\$ 3.53	\$ -	0.000		0.00%		7,979.000	
16/ 70 - 69 OP - Medication Support	2				\$ 6.53	\$ -	0.000		0.00%		2.000	
15/ 70 - 79 OP - Crisis Intervention	39				\$ 5.24	\$ -	0.000		0.00%		39.000	
TOTAL	8,372		0.000				0.000		0.00%		8,372.000	

\$ 960.86
28,165.87
13.08
204.36

Budget Amount	Expenses To Date	% of Budget	Remaining Budget
\$ 29,344.00	\$ -	0.00%	\$ 29,344.00

\$ 29,344.25

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER:	M64 JL 18
Cl. Blanket No.: BPHM	TBD
	User Cd
CL PO No.: POHM	TBD
Fund Source:	MH MHSA (CSS)
Invoice Period:	July 2018
Final Invoice:	(Check if Yes)
ACE Control Number:	

Contractor: Richmond Area Multi-Services, Inc.- Children
Address: 639 14th Avenue., San Francisco, CA 94118
Tel No.: (415) 668-5955
Fax No.: (415) 668-0246



Funding Term: 07/01/2018 - 06/30/2019
PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3a Children-Wellness Center Mental Health PC# - 38946 251984-17156-10031199-0017												
45/ 10 - 19 OS - MH Promotion	1,065	130			-	-	0%	0%	1,065	130	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 94,262.00	\$ -	\$ -	0.00%	\$ 94,262.00
Fringe Benefits	\$ 28,279.00	\$ -	\$ -	0.00%	\$ 28,279.00
Total Personnel Expenses	\$ 122,541.00	\$ -	\$ -	0.00%	\$ 122,541.00
Operating Expenses					
Occupancy	\$ 2,503.00	\$ -	\$ -	0.00%	\$ 2,503.00
Materials and Supplies	\$ 1,127.00	\$ -	\$ -	0.00%	\$ 1,127.00
General Operating	\$ 838.00	\$ -	\$ -	0.00%	\$ 838.00
Staff Travel	\$ 361.00	\$ -	\$ -	0.00%	\$ 361.00
Consultant/Subcontractor	\$ 137.00	\$ -	\$ -	0.00%	\$ 137.00
Other: Recruitment/ Direct Staff Expenses	\$ 469.00	\$ -	\$ -	0.00%	\$ 469.00
Client Related Food	\$ 144.00	\$ -	\$ -	0.00%	\$ 144.00
Client Related Other Activities	\$ 69.00	\$ -	\$ -	0.00%	\$ 69.00
Total Operating Expenses	\$ 5,648.00	\$ -	\$ -	0.00%	\$ 5,648.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 128,189.00	\$ -	\$ -	0.00%	\$ 128,189.00
Indirect Expenses	\$ 15,383.00	\$ -	\$ -	0.00%	\$ 15,383.00
TOTAL EXPENSES	\$ 143,572.00	\$ -	\$ -	0.00%	\$ 143,572.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M65 JL 18

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH WO DCYF MH High School

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number: _____

Contractor: **Richmond Area Multi-Services, Inc.- Children**
Address: 639 14th Avenue., San Francisco, CA 94118
Tel No.: (415) 668-5955
Fax No.: (415) 668-0246



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3a Children-Wellness Center Mental Health PC# - 38946 251962-10002-10001799-0006												
45/ 10 - 19_OS - MH Promotion	9,244	1,070			-	-	0%	0%	9,244	1,070	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 819,277.00	\$ -	\$ -	0.00%	\$ 819,277.00
Fringe Benefits	\$ 245,783.00	\$ -	\$ -	0.00%	\$ 245,783.00
Total Personnel Expenses	\$ 1,065,060.00	\$ -	\$ -	0.00%	\$ 1,065,060.00
Operating Expenses					
Occupancy	\$ 20,822.00	\$ -	\$ -	0.00%	\$ 20,822.00
Materials and Supplies	\$ 9,790.00	\$ -	\$ -	0.00%	\$ 9,790.00
General Operating	\$ 7,276.00	\$ -	\$ -	0.00%	\$ 7,276.00
Staff Travel	\$ 3,136.00	\$ -	\$ -	0.00%	\$ 3,136.00
Consultant/Subcontractor	\$ 1,186.00	\$ -	\$ -	0.00%	\$ 1,186.00
Other: Recruitment/ Direct Staff Expenses	\$ 4,077.00	\$ -	\$ -	0.00%	\$ 4,077.00
Client Related Food	\$ 1,255.00	\$ -	\$ -	0.00%	\$ 1,255.00
Client Related Other Activities	\$ 597.00	\$ -	\$ -	0.00%	\$ 597.00
Total Operating Expenses	\$ 48,139.00	\$ -	\$ -	0.00%	\$ 48,139.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,113,199.00	\$ -	\$ -	0.00%	\$ 1,113,199.00
Indirect Expenses	\$ 133,583.00	\$ -	\$ -	0.00%	\$ 133,583.00
TOTAL EXPENSES	\$ 1,246,782.00	\$ -	\$ -	0.00%	\$ 1,246,782.00

Less: Initial Payment Recovery	
Other Adjustments (DPH use only)	
REIMBURSEMENT	\$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Richmond Area Multi-Services, Inc.- Children
Address: 639 14th Avenue., San Francisco, CA 94118
Tel No.: (415) 668-5955
Fax No.: (415) 668-0246



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M66 JL 18
Ct. Blanket No.: BPHM TBD
CL PO No.: POHM TBD
Fund Source: MH CYF County General Fund
Invoice Period: July 2018
Final Invoice: (Check if Yes)
ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3a Children-Wellness Center Mental Health PC# - 38946	251962	10000	1000	1670	0001							
45/ 10 - 19 OS - MH Promotion	361						0%	#DIV/0!	361	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 32,107.00	\$ -	\$ -	0.00%	\$ 32,107.00
Fringe Benefits	\$ 9,632.00	\$ -	\$ -	0.00%	\$ 9,632.00
Total Personnel Expenses	\$ 41,739.00	\$ -	\$ -	0.00%	\$ 41,739.00
Operating Expenses					
Occupancy	\$ 709.00	\$ -	\$ -	0.00%	\$ 709.00
Materials and Supplies	\$ 383.00	\$ -	\$ -	0.00%	\$ 383.00
General Operating	\$ 284.00	\$ -	\$ -	0.00%	\$ 284.00
Staff Travel	\$ 122.00	\$ -	\$ -	0.00%	\$ 122.00
Consultant/Subcontractor	\$ 45.00	\$ -	\$ -	0.00%	\$ 45.00
Other: Recruitment/ Direct Staff Expenses	\$ 160.00	\$ -	\$ -	0.00%	\$ 160.00
Client Related Food	\$ 50.00	\$ -	\$ -	0.00%	\$ 50.00
Client Related Other Activities	\$ 23.00	\$ -	\$ -	0.00%	\$ 23.00
Total Operating Expenses	\$ 1,776.00	\$ -	\$ -	0.00%	\$ 1,776.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 43,515.00	\$ -	\$ -	0.00%	\$ 43,515.00
Indirect Expenses	\$ 5,220.00	\$ -	\$ -	0.00%	\$ 5,220.00
TOTAL EXPENSES	\$ 48,735.00	\$ -	\$ -	0.00%	\$ 48,735.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St, 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M69 JL 18

Ct. Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: MH State 2011 PSR Managed Care

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number: _____

Contractor: **Richmond Area Multi-Services, Inc.- Children**

Address: **639 14th Avenue., San Francisco, CA 94118**

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3a Children-Wellness Center Mental Health PC# - 38946	251962-10000-10001799-0003											
45/ 10 - 19 OS - MH Promotion	497				-	-	0%	#DIV/0!	497	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 44,026.00	\$ -	\$ -	0.00%	\$ 44,026.00
Fringe Benefits	\$ 13,208.00	\$ -	\$ -	0.00%	\$ 13,208.00
Total Personnel Expenses	\$ 57,234.00	\$ -	\$ -	0.00%	\$ 57,234.00
Operating Expenses					
Occupancy	\$ 1,119.00	\$ -	\$ -	0.00%	\$ 1,119.00
Materials and Supplies	\$ 526.00	\$ -	\$ -	0.00%	\$ 526.00
General Operating	\$ 391.00	\$ -	\$ -	0.00%	\$ 391.00
Staff Travel	\$ 169.00	\$ -	\$ -	0.00%	\$ 169.00
Consultant/Subcontractor	\$ 64.00	\$ -	\$ -	0.00%	\$ 64.00
Other: Recruitment/ Direct Staff Expenses	\$ 219.00	\$ -	\$ -	0.00%	\$ 219.00
Client Related Food	\$ 67.00	\$ -	\$ -	0.00%	\$ 67.00
Client Related Other Activities	\$ 32.00	\$ -	\$ -	0.00%	\$ 32.00
Total Operating Expenses	\$ 2,587.00	\$ -	\$ -	0.00%	\$ 2,587.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 59,821.00	\$ -	\$ -	0.00%	\$ 59,821.00
Indirect Expenses	\$ 7,179.00	\$ -	\$ -	0.00%	\$ 7,179.00
TOTAL EXPENSES	\$ 67,000.00	\$ -	\$ -	0.00%	\$ 67,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc - Children

Address: 639 14th Avenue, San Francisco, CA 94118

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: S05 JL 18

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: SA WO - DCYF Wellness Centers

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3b Wellness Center Substance Abuse PC# - 38946 - (HMHSSCHOOLWO) 240646-10002-10001973-0001												
SecPrev-19 SA-Sec Prev Outreach	212						0%	#DIV/0!	212		100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 67,927.00	\$ -	\$ -	0.00%	\$ 67,927.00
Fringe Benefits	\$ 20,378.00	\$ -	\$ -	0.00%	\$ 20,378.00
Total Personnel Expenses	\$ 88,305.00	\$ -	\$ -	0.00%	\$ 88,305.00
Operating Expenses					
Occupancy	\$ 1,818.00	\$ -	\$ -	0.00%	\$ 1,818.00
Materials and Supplies	\$ 717.00	\$ -	\$ -	0.00%	\$ 717.00
General Operating	\$ 603.00	\$ -	\$ -	0.00%	\$ 603.00
Staff Travel	\$ 260.00	\$ -	\$ -	0.00%	\$ 260.00
Consultant/ Subcontractor	\$ 102.00	\$ -	\$ -	0.00%	\$ 102.00
Other: Recruitment/ Direct Staff Expenses	\$ 338.00	\$ -	\$ -	0.00%	\$ 338.00
Client-Related Food	\$ 104.00	\$ -	\$ -	0.00%	\$ 104.00
Client-Related Other Activities	\$ 49.00	\$ -	\$ -	0.00%	\$ 49.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 3,991.00	\$ -	\$ -	0.00%	\$ 3,991.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 92,296.00	\$ -	\$ -	0.00%	\$ 92,296.00
Indirect Expenses	\$ 11,075.00	\$ -	\$ -	0.00%	\$ 11,075.00
TOTAL EXPENSES	\$ 103,371.00	\$ -	\$ -	0.00%	\$ 103,371.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: S06 JL 18

Contractor: **Richmond Area Multi-Services Inc - Children**

Ct. Blanket No.: BPHM TBD

Address: 639 14th Avenue, San Francisco, CA 94118

User Cd _____

Tel No.: (415) 800-0699

Ct. PO No.: POHM TBD

Fax No.: (415) 751-7336



Fund Source: SA County - General Fund

Invoice Period: July 2018

Funding Term: 07/01/2018 - 06/30/2019

Final Invoice: _____ (Check if Yes)

PHP Division: Behavioral Health Services

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3b Wellness Center Substance Abuse PC# - 38946 - (HMHMSSCCRES227) 240646-10000-10001681-0003												
SecPrev-19 SA-Sec Prev Outreach	355	200					0%	0%	355	200	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 113,790.00	\$ -	\$ -	0.00%	\$ 113,790.00
Fringe Benefits	\$ 34,137.00	\$ -	\$ -	0.00%	\$ 34,137.00
Total Personnel Expenses	\$ 147,927.00	\$ -	\$ -	0.00%	\$ 147,927.00
Operating Expenses					
Occupancy	\$ 3,046.00	\$ -	\$ -	0.00%	\$ 3,046.00
Materials and Supplies	\$ 1,201.00	\$ -	\$ -	0.00%	\$ 1,201.00
General Operating	\$ 1,010.00	\$ -	\$ -	0.00%	\$ 1,010.00
Staff Travel	\$ 436.00	\$ -	\$ -	0.00%	\$ 436.00
Consultant/ Subcontractor	\$ 170.00	\$ -	\$ -	0.00%	\$ 170.00
Other: Recruitment/ Direct Staff Expenses	\$ 566.00	\$ -	\$ -	0.00%	\$ 566.00
Client-Related Food	\$ 174.00	\$ -	\$ -	0.00%	\$ 174.00
Client-Related Other Activities	\$ 83.00	\$ -	\$ -	0.00%	\$ 83.00
b	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 6,686.00	\$ -	\$ -	0.00%	\$ 6,686.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 154,613.00	\$ -	\$ -	0.00%	\$ 154,613.00
Indirect Expenses	\$ 18,553.00	\$ -	\$ -	0.00%	\$ 18,553.00
TOTAL EXPENSES	\$ 173,166.00	\$ -	\$ -	0.00%	\$ 173,166.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc - Children
Address: 639 14th Avenue, San Francisco, CA 94118
Tel No.: (415) 800-0699
Fax No.: (415) 751-7336



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: S07 JL 18

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: DCYF JVPI Work Order

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3b Wellness Center Substance Abuse PC# - 38948 - 240646-10002-10001973-0002												
SecPrev-19 SA-Sec Prev Outreach	68				-	-	0%	#DIV/0!	68	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 21,684.00	\$ -	\$ -	0.00%	\$ 21,684.00
Fringe Benefits	\$ 6,505.00	\$ -	\$ -	0.00%	\$ 6,505.00
Total Personnel Expenses	\$ 28,189.00	\$ -	\$ -	0.00%	\$ 28,189.00
Operating Expenses					
Occupancy	\$ 581.00	\$ -	\$ -	0.00%	\$ 581.00
Materials and Supplies	\$ 229.00	\$ -	\$ -	0.00%	\$ 229.00
General Operating	\$ 193.00	\$ -	\$ -	0.00%	\$ 193.00
Staff Travel	\$ 83.00	\$ -	\$ -	0.00%	\$ 83.00
Consultant/ Subcontractor	\$ 32.00	\$ -	\$ -	0.00%	\$ 32.00
Other: Recruitment/ Direct Staff Expenses	\$ 108.00	\$ -	\$ -	0.00%	\$ 108.00
Client-Related Food	\$ 33.00	\$ -	\$ -	0.00%	\$ 33.00
Client-Related Other Activities	\$ 16.00	\$ -	\$ -	0.00%	\$ 16.00
b	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 1,275.00	\$ -	\$ -	0.00%	\$ 1,275.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 29,464.00	\$ -	\$ -	0.00%	\$ 29,464.00
Indirect Expenses	\$ 3,536.00	\$ -	\$ -	0.00%	\$ 3,536.00
TOTAL EXPENSES	\$ 33,000.00	\$ -	\$ -	0.00%	\$ 33,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

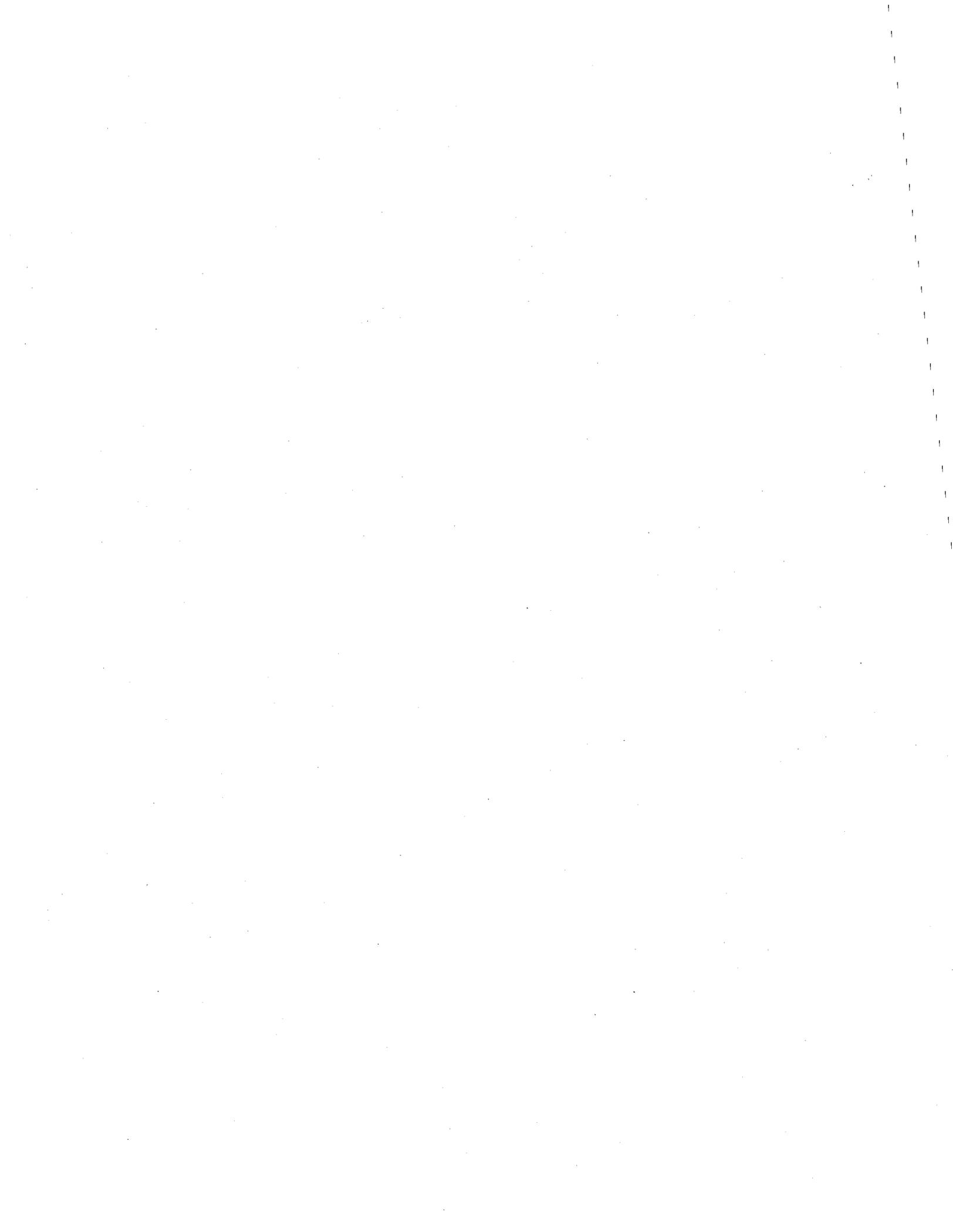
DPH Authorization for Payment

Authorized Signatory

Date

Appendix G

Reserved



Appendix H

**San Francisco Department of Public Health
Privacy Policy Compliance Standards**

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.

Appendix J

SUBSTANCE USE DISORDER SERVICES

such as

Drug Medi-Cal,

Federal Substance Abuse Prevention And Treatment (SAPT) Block Grant,

Primary Prevention or

State Funded Services

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Prevention and Treatment Block Grants (SAPT Block Grant) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SAPT Block Grant recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SAPT Block Grant for reimbursable covered services rendered by certified DMC providers.

Reference Documents

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Prevention and Treatment Block Grant Requirements

<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations

<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)

<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)

http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines

http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations

<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual

http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

P-600 (2-17; DPH 8-17; BHS Only)

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide
[http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS Tx Data Collection Guide JAN%202014.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf)

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15
http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

P-600 (2-17; DPH 8-17; BHS Only)

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

I. Subcontractor Documentation

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

Records

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit.

Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.

4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.

5. Provider's shall require that all subcontractors comply with the requirements of this Section A.

6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.

7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

II Patient Record Retention

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

III. Control Requirements

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;
- i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,
- j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) Medi-Cal Eligibility Verification

<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.

3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SAPTBG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.

4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:

a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law(Chapter 40, Statues of 2011 and Chapter 13, Statues of 2011, First ExtraordinarySession), providers that provide Women and Children's Residential TreatmentServices shall comply with the program requirements (Section 2.5, RequiredSupplemental/Recovery Support Services) of the Substance Abuse and Mental HealthServices Administration's Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

IV Provider's Agents and Subcontractors

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor's knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

- i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or
- ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

a. Initial Notice to the Department

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider. Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.ca.gov, then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx> Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

b. Investigation and Investigation Report.

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other

applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

c. Complete Report.

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the "Privacy Incident Report" form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

d. Responsibility for Reporting of Breaches

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

e. Responsibility for Notification of Affected Individuals

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach.

The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

f. Department Contact Information

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

VI Additional Provisions

A. Additional Intergovernmental Agreement Restrictions

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

B. Nullification of DMC Treatment Program SUD services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement.

In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

C. Hatch Act

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol- related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

E. Noncompliance with Reporting Requirements

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

F. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

G. Restriction on Distribution of Sterile Needles

No Substance Abuse Prevention and Treatment (SAPT) Block Grant funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

H. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

1) Trading Partner Requirements

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked "not used" in the HHS Transaction's Implementation specification or are not in the HHS Transaction Standard's implementation specifications. (45 CFR Part 162.915 (c))

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard's implementation specification. (45 CFR Part 162.915 (d))

2) Concurrence for Test Modifications to HHS Transaction Standards

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

3) Adequate Testing

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4) Deficiencies

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5) Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

6) Data Transmission Log

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

K. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

L. Intravenous Drug Use (IVDU) Treatment

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

M. Tuberculosis Treatment

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,
- 3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to:
<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

O. Tribal Communities and Organizations

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider's county.

P. Participation of County Alcohol and Drug Program Administrators Association of California and California Behavioral Health Director's Association of California.

1) Pursuant to HSC Section 11801(g), the Provider's County AOD Program Administrator shall participate and represent the County in meetings of the County Alcohol and Drug Program Administrators Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for SUD abuse services. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

2) Pursuant to HSC Section 11811.5(c), the Provider's County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines

Provider shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

R. Restrictions on Grantee Lobbying – Appropriations Act Section 503

- 1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.
- 2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

S. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

T. Federal Law Requirements:

- 1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- 2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.
- 3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- 4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- 5) Age Discrimination in Employment Act (29 CFR Part 1625).
- 6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.

- 7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
- 8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- 9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- 10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- 11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- 12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- 13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

U. State Law Requirements:

- 1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).
- 2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- 3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.
- 4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.
- 5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

V. Investigations and Confidentiality of Administrative Actions

- 1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section

14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

X. Subcontract Provisions

Provider shall include all of the foregoing provisions in all of its subcontracts.

Y. Conditions for Federal Financial Participation

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;

b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or

c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:

i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or

ii. An entity that would provide those services through an excluded individual or entity.

Providers shall include the following requirements in their subcontracts with providers:

1) **Culturally Competent Services:** Providers are responsible to provide culturally competent services. Providers must ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services must be available for beneficiaries, as needed.

2) **Medication Assisted Treatment:** Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with

physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

3) Evidenced Based Practices: Providers will implement at least two of the following evidenced based treatment practices (EBPs) based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The State will monitor the implementation of EBP's during reviews. The required EBP include:

a) Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b) Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c) Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d) Trauma-Informed Treatment: Services must take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e) Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to beneficiaries' lives; to instill self- awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recover.



City and County of San Francisco

Department of Public Health

London N. Breed
Mayor

Grant Colfax, MD
Director of Health

February 12, 2020

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and the Richmond Area Multi-Services, Inc. (RAMS).

Under this contract, Richmond Area Multi-Service, Inc. provides behavioral health crisis intervention, counseling, case management, outreach, and consultation services, as well as school-based wellness programs for children, adolescents, and their families, with special focus on the Asian and Pacific Islander American, Russian-speaking and Filipino communities, including Lesbian/Gay/Bisexual/Transgender/Queer/Intersex And Questioning children, adolescents, and their families.

We are submitting this contract for approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution;
- Proposed First Amendment;
- Original Agreement;
- Form SFEC-126 (printout from database).

For questions on this matter, please contact me at (415) 255-3508, Jacquie.Hale@SFDPH.org.

Sincerely,

Jacquie Hale
Manager, Office of Contracts Management and Compliance
DPH Business Office

cc: Grant Colfax, M.D., Director of Health
Greg Wagner, Chief Financial Officer, DPH
Michelle Ruggels, Director, DPH Business Office

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2020 FEB 12 PM 2:11
BY *[initials]*



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #:

200165

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING

Original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

Office of the Clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Jacquie Hale

DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 255-3508

FULL DEPARTMENT NAME

DPH Department of Public Health

DEPARTMENT CONTACT EMAIL

Jacquie.Hale@SFDPH.org

5. CONTRACTOR	
NAME OF CONTRACTOR Richmond Area Multi-Services, Inc. (RAMS)	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd., San Francisco, CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200165
DESCRIPTION OF AMOUNT OF CONTRACT \$26,069,776		
NATURE OF THE CONTRACT (Please describe) Behavioral health crisis intervention, counseling, case management, outreach, and consultation services, as well as school-based wellness programs for children, adolescents, and their families, with special focus on the Asian and Pacific Islander American, Russian-speaking and Filipino communities, including Lesbian/Gay/Bisexual/Transgender/Queer/Intersex And Questioning children, adolescents, and their families.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Huie	Cynthia	Board of Directors
2	Chaudhuri	Anoshua	Board of Directors
3	Alvarez	Alvin N.	Board of Directors
4	Yeh	Tom	Board of Directors
5	Tang	Angela	CEO
6	Shea	Christina	CEO
7	Tang	Angela	Other Principal Officer
8	Tang	Angela	COO
9	Wong	John	CFO
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DATE SIGNED

BOS Clerk of the Board